# Alberta Health

# Alberta Health Care Insurance Plan Statistical Supplement

2013 / 2014

Alberta
Government

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# Alberta Health

## Alberta Health Care Insurance Plan

## Statistical Supplement

## 2013 / 2014

CONTENTS

Page

1 **Introduction**

3 **Section 1: Registration**

- 3 **Summary and Highlights**
- 4 **Figure 1** Distribution of Population Covered for Basic Health Services by Age and Gender as at March 31, 2014
- 4 **Explanatory Notes**
- 6 **Table 1.1** Number of Registrations and Population Covered as at March 31, 2010-2014
- 6 **Table 1.2** Number of Registrations and Population Covered as at March 31, 2014
- 7 **Table 1.3** Distribution of Population by Age and Gender as at March 31, 2010-2014

10 **Section 2: Basic Health Services (Physicians and Allied Health Practitioners)**

- 10 **Summary and Highlights**
- 13 **Figure 2** Average Fee-For-Service Payments per Person to Physicians for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2013 to March 31, 2014
- 13 **Figure 3** Average Fee-For-Service Payments per Person to Allied Health Practitioners for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2013 to March 31, 2014
- 14 **Figure 4** Average Number of Services per Person for Basic Health Services for the Fiscal Years Ended March 31, 2010-2014
- 14 **Explanatory Notes**
- 18 **Table 2.1** Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2010-2014
- 20 **Table 2.1A** Number of Services and Total Payments to Allied Health Practitioners by Service Category Code for the Service Year April 1, 2013 to March 31, 2014

| | | |
|---|---|---|
| 20 | **Table 2.2** | Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2010-2014 |
| 21 | **Table 2.2A** | Number of Dentists/Dental Specialists/Oral Surgeons and Average Payments to Dentists/Dental Specialists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2010-2014 |
| 22 | **Table 2.2B** | Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2010-2014 |
| 23 | **Table 2.2C** | Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2010-2014 |
| 24 | **Table 2.3** | Distribution of Physician and Allied Health Practitioner Payments and Services per Patient for the Service Year April 1, 2013 to March 31, 2014 |
| 24 | **Table 2.4** | Total Number of Services Provided by Physicians and Allied Health Practitioners for the Service Years Ended March 31, 2010-2014 |
| 25 | **Table 2.5A** | Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2010-2014 |
| 25 | **Table 2.5B** | Distribution of Optometry Payments and Services per Patient for Recipients 19 to 64 Years of Age for the Service Years Ended March 31, 2010-2014 |
| 25 | **Table 2.5C** | Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2010-2014 |
| 26 | **Table 2.6** | Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type for the Service Years Ended March 31, 2010-2014 |
| 27 | **Table 2.7** | Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2010-2014 |
| 29 | **Table 2.8** | Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2010-2014 |
| 29 | **Table 2.9** | Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2013 to March 31, 2014 |
| 30 | **Table 2.9A** | Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2013 to March 31, 2014 |
| 31 | **Table 2.10** | Distribution of Physicians by Specialty for the Service Years Ended March 31, 2010-2014 |
| 32 | **Table 2.10A** | Distribution of Average Gross Payments for the Service Years Ended March 31, 2010-2014 |
| 34 | **Table 2.10B** | Distribution of Median Gross Payments for the Service Years Ended March 31, 2010-2014 |
| 36 | **Table 2.11** | Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2013 to March 31, 2014 |
| 42 | **Table 2.12** | Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2013 to March 31, 2014 |

44 **Table 2.13** Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2013 to March 31, 2014

48 **Table 2.14** Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2013 to March 31, 2014

51 **Table 2.15** Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for April 1, 2010 to March 31, 2014

52 **Table 2.16** Basic Health Services: Percentage Changes to Rates in the Schedules of Benefits for April 1, 2010 to March 31, 2014

52 **Alternative Relationship Plans**

53 **Table 2.17** Alternative Relationship Plans (ARP) Summary by Type for the Service Year April 1, 2013 to March 31, 2014

54 **Out-of-Country Health Coverage**

55 **Table 2.18** Out-of-Country Basic Health Services: Distribution of Payments, Number of Services and Discrete Patients for the Service Years ended March 31, 2013 and March 31, 2014

56 **Table 2.19** Out-of-Country Health Services Program: Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2010-2014

56 **Table 2.20** Out-of-Country Health Services Program: Payments Made for Approved Applications by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2010-2014

57 **Primary Care Networks**

58 **Table 2.21** Primary Care Networks: Distribution by Continuum Health Zone, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2013 to March 31, 2014

60 **Section 3: Regional Data**

60 **Summary and Highlights**

61 **Figure 5** Map of Alberta Health Services Continuum Zones

62 **Explanatory Notes**

63 **Table 3.1** Distribution of Population Covered by Alberta Health Services Geographic Zone Service Location as at March 31, 2014

63 **Table 3.2** Distribution of Payments to Physicians by Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2013 to March 31, 2014

64 **Table 3.3** Distribution of Payments by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2013 to March 31, 2014

65 **Table 3.4** Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2013 to March 31, 2014

66 **Table 3.5** Number of General/Family Physicians by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2013 to March 31, 2014

67 **Table 3.6** Number of Physicians by Specialty Within Alberta Health Services Geographic Zones for the Service Year April 1, 2013 to March 31, 2014

68 **Table 3.7** Allied Health Services: Distribution of Services and Payments by Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2013 to March 31, 2014

69 Section 4: Non-Group Supplementary Plans

69 **Summary and Highlights**

71 **Figure 6** Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2013 to March 31, 2014

71 **Explanatory Notes**

72 **Table 4.1** Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2010-2014

72 **Table 4.2** Non-Group Supplementary Coverage: Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2010-2014

74 **Table 4.3** Non-Group Supplementary Coverage: Persons Covered by Age and Gender as at March 31, 2010-2014

75 **Table 4.4** Non-Group Supplementary Coverage: Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2014

76 **Table 4.5** Non-Group Supplementary Coverage: Number of Prescriptions and Net Payment by Prescription Type and Coverage Category for the Year Ending March 31, 2014

76 **Table 4.6** Number and Percentage Change of Licensed Community Pharmacies in Alberta as at March 31, 2010-2014

77 **Table 4.7** Non-Group Supplementary Coverage: Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2014

80 **Table 4.8** Non-Group Supplementary Coverage: Cost of Prescription by Broad Drug Category for the Year Ending March 31, 2014

81 **Table 4.9** Non-Group Supplementary Coverage: Number of Prescriptions and Prescription Cost Components by Coverage Category (Direct Bill Claims Only) for the Year Ending March 31, 2014

82 Glossary/Definitions

85 Year at a Glance

# Introduction

## The Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Plan (AHCIP) is a publicly funded health care plan. It was established in accordance with the *Canada Health Act* principles of public administration, comprehensiveness, universality, portability and accessibility.

The AHCIP provides two types of coverage to registered Albertans. They are:

- Basic health coverage for insured services provided by physicians, dentists/dental specialists/oral surgeons and hospitals, and limited coverage for services provided by optometrists and podiatrists. All eligible residents of Alberta are required to register for AHCIP coverage, but residents have the option to opt out.
- Supplementary health insurance through non-group supplementary plans for pharmaceutical and selected health service coverage. The supplementary plans included in this report cover some services beyond those insured by the AHCIP, which are funded by Alberta Health and administered by Alberta Blue Cross. From April 1, 2013 to March 31, 2014, coverage was available to all Albertans under the age of 65 and their dependants, subject to the payment of a monthly premium. During the same period, premium-free coverage was provided to seniors and their dependants, and to recipients of the Alberta Widows' Pension and their dependants. In addition, premium-free drug coverage was provided to people diagnosed as being palliative and who received health care in their homes.

## Information included in the Statistical Supplement

The Statistical Supplement is an accompaniment to the *Ministry of Health Annual Report 2013/2014* and includes data on the number of people registered with the AHCIP, payments made by the AHCIP to Alberta physicians and allied health practitioners (dentists/dental specialists/oral surgeons, optometrists and podiatrists) for services provided to Albertans, and payments for services provided to Albertans while they are out of the country. The Statistical Supplement also reports data on the non-group supplementary health insurance plans.

## Data reported in the Statistical Supplement

This edition of the Statistical Supplement reports new data for the period April 1, 2013 to March 31, 2014. Where possible, data reports over a five-year period to facilitate long-term comparisons.

The majority of data are reported on a date-of-service basis, with the exception of Section 4, Non-Group Supplementary Plans, which reports data on a date-of-payment basis.

Note: Some data in the Statistical Supplement may differ from data reported in the Annual Report. The Statistical Supplement uses claims payment data, based on date of service, from the Claims Assessment System, while the Annual Report uses financial statement data, based on date of payment, from the Alberta Government Integrated Management Information System.

## Information not included in the Statistical Supplement

The following information is not included in the Statistical Supplement:

- AHCIP payments for medical and hospital services Albertans received in other Canadian provinces/territories; and
- Services and costs (e.g. hospital and home care services and costs) provided by Alberta Health Services.

The *Ministry of Health Annual Report 2013/2014* provides a range of financial information pertaining to Alberta Health Services. A copy of the Annual Report can be found on the Health website at www.health.alberta.ca.

Note: This document reflects the fiscal year April 1, 2013 to March 31, 2014. Explanations of data and coverage may not be applicable for periods after March 31, 2014.

# Section 1: Registration

## Summary

This section provides statistics on the number of Albertans covered under the Alberta Health Care Insurance Plan (AHCIP) for basic health services. The tables provide registration data by age and gender, as at March 31, 2014.

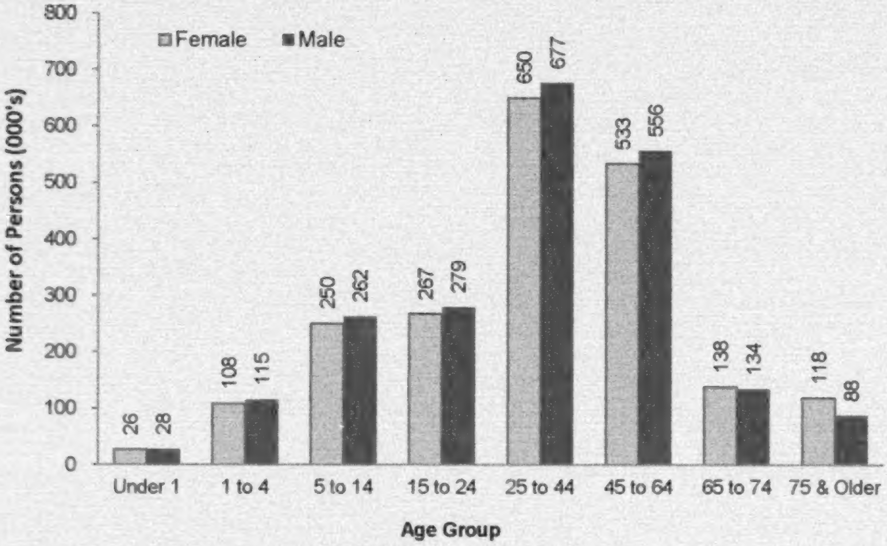
## Highlights

- A total of 4,228,125 Albertans were registered for basic health coverage. This is an increase of 3.93%, compared to 2012/2013. Included in this total are 110,493 individuals who have temporary Canada entry documents (e.g. work permits, study permits) and are registered with the AHCIP, compared to 86,612 individuals in 2012/2013.

- In 2013/2014, there were 298 Albertans who chose to opt out of the AHCIP compared to 229 in 2012/2013.

## Figures and Charts

**Figure 1**
**Distribution of Population Covered for Basic Health Services by Age and Gender as at March 31, 2014**



## Explanatory Notes

### Registrations

Alberta Health Care Insurance Plan registration data are based on the number of active registrations as at the last day of the fiscal year (March 31). Individuals registered with the AHCIP for part of the year, but not on March 31, are excluded. The number of registrations differs from the number of people covered. The number of people covered under one registration ranges from one (single coverage) to two or more (family coverage). Details regarding the number of registrations are available in Tables 1.1 and 1.2.

The population data reported in the Statistical Supplement differs from Statistics Canada provincial population estimates because:

- Alberta Health continually updates AHCIP data.
- Persons who are temporarily absent from the province or who have left the province permanently, but retain their coverage for a period of three months (up to March 31), are included in the data.

Members of the Canadian Armed Forces and inmates of federal penitentiaries are covered by the federal government. These groups are not entitled to AHCIP coverage and are not included in the AHCIP data. Members of the Royal Canadian Mounted Police were covered by the federal government until March 31, 2013, and not entitled to AHCIP coverage. As of April 1, 2013, RCMP members are covered under the AHCIP and included in the data.

## Opting Out

Albertans may opt out of the AHCIP at any time. These individuals and their dependants are responsible for paying all of their health care expenses. The Opt Out program is a renewable three-year term and the resident has the option to rescind their decision to opt out during this period.

## Non-Seniors Category

Alberta Health provides premium-free AHCIP coverage to individuals who are under 65 years of age. Non-Group Supplementary coverage is available upon payment of a monthly premium. Section 4 provides more information on Non-Group Supplementary Plans.

## Seniors Category

Alberta Health provides premium-free AHCIP and Non-Group Supplementary Plan coverage to all Alberta seniors and their dependants, regardless of income. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

## Alberta Widows' Pension Category

Prior to April 1, 2004, lower income widows or widowers, aged 55 to 64, could apply for financial, health care and housing assistance through the Alberta Widows' Pension plan. As of April 1, 2004, no new applications have been accepted and Albertans who inquire about the Alberta Widows' Pension are directed to appropriate income support programs. With no new applicants, the number of Alberta Widows' Pension recipients continues to decline.

Currently, recipients of the Alberta Widows' Pension and their eligible dependants receive AHCIP coverage and premium-free Non-Group Supplementary coverage. Refer to Section 4, Non-Group Supplementary Plans, for more details about Non-Group Supplementary coverage.

## Table 1.1

## Number of Registrations and Population Covered as at March 31, 2010, 2011, 2012, 2013 and 2014 (1)

| Population Categories | Number of Registrations | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Non-Seniors(2) | 1,613,051 | 1,671,077 | 1,745,659 | 1,838,605 | 1,933,466 | 3.60 | 4.46 | 5.32 | 5.16 |
| Seniors | 295,714 | 304,858 | 318,412 | 333,652 | 349,078 | 3.09 | 4.45 | 4.79 | 4.62 |
| Alberta Widows' Pension | 419 | 272 | 164 | 68 | 9 | (35.08) | (39.71) | (58.54) | (86.76) |
| **Total** | 1,909,184 | 1,976,207 | 2,064,235 | 2,172,325 | 2,282,553 | 3.51% | 4.45% | 5.24% | 5.07% |

| Population Categories | Population Covered | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Non-Seniors(2) | 3,254,468 | 3,334,365 | 3,436,942 | 3,571,448 | 3,707,797 | 2.45 | 3.08 | 3.91 | 3.82 |
| Seniors | 437,098 | 451,592 | 473,004 | 496,546 | 520,319 | 3.32 | 4.74 | 4.98 | 4.79 |
| Alberta Widows' Pension | 435 | 281 | 171 | 68 | 9 | (35.40) | (39.15) | (60.23) | (86.76) |
| **Total** | 3,692,001 | 3,786,238 | 3,910,117 | 4,068,062 | 4,228,125 | 2.55% | 3.27% | 4.04% | 3.93% |

*(1) The population figures are as at March 31, calculated in July.*

*(2) Non-Seniors include two former categories, as reported in previous statistical supplements, 'individual and group' and 'income support recipients'.*

## Table 1.2

## Number of Registrations and Population Covered as at March 31, 2014 (1)(2)(3)

| Registration Status | Total | | Single | | Family | |
|---|---|---|---|---|---|---|
| | Registrations | Population | Registrations | Population | Registrations | Population |
| Non-Seniors(4) | 1,933,466 | 3,707,797 | 1,092,480 | 1,092,480 | 840,986 | 2,615,317 |
| Seniors | 349,078 | 520,319 | 184,003 | 184,003 | 165,075 | 336,316 |
| Alberta Widows' Pension | 9 | 9 | 9 | 9 | | |
| **Total** | 2,282,553 | 4,228,125 | 1,276,492 | 1,276,492 | 1,006,061 | 2,951,633 |

*(1) A blank cell represents a zero value.*

*(2) The population figures are as at March 31, calculated in July.*

*(3) Certain data elements included in previous years are no longer available.*

*(4) Non-Seniors include two former categories, as reported in previous statistical supplements, 'individual and group' and 'income support recipients'.*

## Table 1.3
## Distribution of Population by Age and Gender
## as at March 31, 2010, 2011, 2012, 2013 and 2014 (1)

| Age Group | Total Male and Female | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 1 | 51,336 | 50,457 | 51,133 | 52,849 | 53,927 | (1.71) | 1.34 | 3.36 | 2.04 |
| 1 - 4 | 198,201 | 207,129 | 213,351 | 218,800 | 223,344 | 4.50 | 3.00 | 2.55 | 2.08 |
| 5 - 9 | 221,855 | 229,000 | 240,403 | 255,257 | 269,447 | 3.22 | 4.98 | 6.18 | 5.56 |
| 10 - 14 | 228,067 | 227,827 | 230,153 | 235,851 | 242,640 | (0.11) | 1.02 | 2.48 | 2.88 |
| 15 - 19 | 246,851 | 246,893 | 247,475 | 248,938 | 252,050 | 0.02 | 0.24 | 0.59 | 1.25 |
| 20 - 24 | 270,130 | 272,714 | 278,042 | 285,783 | 293,326 | 0.96 | 1.95 | 2.78 | 2.64 |
| 25 - 29 | 297,665 | 307,873 | 320,303 | 334,884 | 349,345 | 3.43 | 4.04 | 4.55 | 4.32 |
| 30 - 34 | 278,789 | 290,276 | 308,368 | 332,989 | 358,518 | 4.12 | 6.23 | 7.98 | 7.67 |
| 35 - 39 | 268,734 | 273,742 | 284,403 | 300,535 | 318,813 | 1.86 | 3.89 | 5.67 | 6.08 |
| 40 - 44 | 263,711 | 269,491 | 278,370 | 289,719 | 299,879 | 2.19 | 3.29 | 4.08 | 3.51 |
| 45 - 49 | 293,387 | 290,863 | 288,789 | 287,953 | 288,633 | (0.86) | (0.71) | (0.29) | 0.24 |
| 50 - 54 | 278,190 | 285,770 | 293,476 | 302,111 | 309,174 | 2.72 | 2.70 | 2.94 | 2.34 |
| 55 - 59 | 223,897 | 238,172 | 252,228 | 266,256 | 277,994 | 6.38 | 5.90 | 5.56 | 4.41 |
| 60 - 64 | 174,076 | 185,094 | 192,052 | 201,103 | 213,530 | 6.33 | 3.76 | 4.71 | 6.18 |
| 65 - 69 | 121,806 | 127,355 | 138,588 | 150,738 | 160,935 | 4.56 | 8.82 | 8.77 | 6.76 |
| 70 - 74 | 92,765 | 95,734 | 99,859 | 105,085 | 110,994 | 3.20 | 4.31 | 5.23 | 5.62 |
| 75 - 79 | 75,883 | 76,812 | 77,723 | 79,666 | 81,803 | 1.22 | 1.19 | 2.50 | 2.68 |
| 80 - 84 | 55,662 | 57,673 | 59,389 | 60,915 | 62,165 | 3.61 | 2.98 | 2.57 | 2.05 |
| 85 - 89 | 33,267 | 34,246 | 35,496 | 36,774 | 38,319 | 2.94 | 3.65 | 3.60 | 4.20 |
| 90 & Older | 17,729 | 19,117 | 20,516 | 21,856 | 23,289 | 7.83 | 7.32 | 6.53 | 6.56 |
| **Total** | 3,692,001 | 3,786,238 | 3,910,117 | 4,068,062 | 4,228,125 | 2.55% | 3.27% | 4.04% | 3.93% |

*(1) The population figures are as at March 31, calculated in July.*

*Continued...*

## Table 1.3
## Distribution of Population by Age and Gender
## as at March 31, 2010, 2011, 2012, 2013 and 2014 (1)

| Age Group | Male | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 1 | 26,501 | 25,978 | 26,320 | 27,284 | 27,636 | (1.97) | 1.32 | 3.66 | 1.29 |
| 1 - 4 | 101,403 | 106,234 | 109,605 | 112,529 | 115,049 | 4.76 | 3.17 | 2.67 | 2.24 |
| 5 - 9 | 113,546 | 117,103 | 122,989 | 130,600 | 138,026 | 3.13 | 5.03 | 6.19 | 5.69 |
| 10 - 14 | 117,137 | 117,040 | 118,042 | 120,898 | 124,299 | (0.08) | 0.86 | 2.42 | 2.81 |
| 15 - 19 | 126,538 | 126,627 | 127,151 | 128,123 | 129,648 | 0.07 | 0.41 | 0.76 | 1.19 |
| 20 - 24 | 134,897 | 136,532 | 139,724 | 144,028 | 148,924 | 1.21 | 2.34 | 3.08 | 3.40 |
| 25 - 29 | 147,827 | 152,960 | 159,878 | 168,141 | 176,271 | 3.47 | 4.52 | 5.17 | 4.84 |
| 30 - 34 | 139,930 | 145,686 | 154,871 | 168,060 | 181,756 | 4.11 | 6.30 | 8.52 | 8.15 |
| 35 - 39 | 136,604 | 139,062 | 144,620 | 153,743 | 163,575 | 1.80 | 4.00 | 6.31 | 6.40 |
| 40 - 44 | 133,366 | 136,572 | 142,075 | 148,662 | 154,959 | 2.40 | 4.03 | 4.64 | 4.24 |
| 45 - 49 | 147,330 | 146,719 | 146,220 | 146,973 | 147,878 | (0.41) | (0.34) | 0.51 | 0.62 |
| 50 - 54 | 141,660 | 145,271 | 149,161 | 153,574 | 157,361 | 2.55 | 2.68 | 2.96 | 2.47 |
| 55 - 59 | 114,275 | 121,542 | 128,843 | 136,280 | 142,588 | 6.36 | 6.01 | 5.77 | 4.63 |
| 60 - 64 | 87,493 | 93,276 | 97,087 | 101,932 | 108,358 | 6.61 | 4.09 | 4.99 | 6.30 |
| 65 - 69 | 60,269 | 63,120 | 68,747 | 74,889 | 79,971 | 4.73 | 8.91 | 8.93 | 6.79 |
| 70 - 74 | 44,732 | 46,233 | 48,280 | 51,074 | 54,030 | 3.36 | 4.43 | 5.79 | 5.79 |
| 75 - 79 | 35,377 | 35,869 | 36,350 | 37,287 | 38,309 | 1.39 | 1.34 | 2.58 | 2.74 |
| 80 - 84 | 23,722 | 24,830 | 25,863 | 26,781 | 27,607 | 4.67 | 4.16 | 3.55 | 3.08 |
| 85 - 89 | 11,939 | 12,463 | 13,258 | 13,938 | 14,792 | 4.39 | 6.38 | 5.13 | 6.13 |
| 90 & Older | 4,935 | 5,460 | 5,887 | 6,380 | 6,902 | 10.64 | 7.82 | 8.37 | 8.18 |
| **Total** | 1,849,481 | 1,898,577 | 1,964,971 | 2,051,176 | 2,137,939 | 2.65% | 3.50% | 4.39% | 4.23% |

*(1) The population figures are as at March 31, calculated in July.*

*Continued...*

## Table 1.3
## Distribution of Population by Age and Gender as at March 31, 2010, 2011, 2012, 2013 and 2014 (1)

| Age Group | Female | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 1 | 24,835 | 24,479 | 24,813 | 25,565 | 26,291 | (1.43) | 1.36 | 3.03 | 2.84 |
| 1 - 4 | 96,798 | 100,895 | 103,746 | 106,271 | 108,295 | 4.23 | 2.83 | 2.43 | 1.90 |
| 5 - 9 | 108,309 | 111,897 | 117,414 | 124,657 | 131,421 | 3.31 | 4.93 | 6.17 | 5.43 |
| 10 - 14 | 110,930 | 110,787 | 112,111 | 114,953 | 118,341 | (0.13) | 1.20 | 2.53 | 2.95 |
| 15 - 19 | 120,313 | 120,266 | 120,324 | 120,815 | 122,402 | (0.04) | 0.05 | 0.41 | 1.31 |
| 20 - 24 | 135,233 | 136,182 | 138,318 | 141,755 | 144,402 | 0.70 | 1.57 | 2.48 | 1.87 |
| 25 - 29 | 149,838 | 154,913 | 160,425 | 166,743 | 173,074 | 3.39 | 3.56 | 3.94 | 3.80 |
| 30 - 34 | 138,859 | 144,590 | 153,497 | 164,929 | 176,762 | 4.13 | 6.16 | 7.45 | 7.17 |
| 35 - 39 | 132,130 | 134,680 | 139,783 | 146,792 | 155,238 | 1.93 | 3.79 | 5.01 | 5.75 |
| 40 - 44 | 130,345 | 132,919 | 136,295 | 141,057 | 144,920 | 1.97 | 2.54 | 3.49 | 2.74 |
| 45 - 49 | 146,057 | 144,144 | 142,569 | 140,980 | 140,755 | (1.31) | (1.09) | (1.11) | (0.16) |
| 50 - 54 | 136,530 | 140,499 | 144,315 | 148,537 | 151,813 | 2.91 | 2.72 | 2.93 | 2.21 |
| 55 - 59 | 109,622 | 116,630 | 123,385 | 129,976 | 135,406 | 6.39 | 5.79 | 5.34 | 4.18 |
| 60 - 64 | 86,583 | 91,818 | 94,965 | 99,171 | 105,172 | 6.05 | 3.43 | 4.43 | 6.05 |
| 65 - 69 | 61,537 | 64,235 | 69,841 | 75,849 | 80,964 | 4.38 | 8.73 | 8.60 | 6.74 |
| 70 - 74 | 48,033 | 49,501 | 51,579 | 54,011 | 56,964 | 3.06 | 4.20 | 4.72 | 5.47 |
| 75 - 79 | 40,506 | 40,943 | 41,373 | 42,379 | 43,494 | 1.08 | 1.05 | 2.43 | 2.63 |
| 80 - 84 | 31,940 | 32,843 | 33,526 | 34,134 | 34,558 | 2.83 | 2.08 | 1.81 | 1.24 |
| 85 - 89 | 21,328 | 21,783 | 22,238 | 22,836 | 23,527 | 2.13 | 2.09 | 2.69 | 3.03 |
| 90 & Older | 12,794 | 13,657 | 14,629 | 15,476 | 16,387 | 6.75 | 7.12 | 5.79 | 5.89 |
| **Total** | 1,842,520 | 1,887,661 | 1,945,146 | 2,016,886 | 2,090,186 | 2.45% | 3.05% | 3.69% | 3.63% |

*(1) The population figures are as at March 31, calculated in July.*

# Section 2: Basic Health Services (Physicians and Allied Health Practitioners)

## Summary

The Alberta Health Care Insurance Plan (AHCIP) provides Albertans with coverage for basic health services. These include insured services provided by physicians and dental specialists/oral surgeons and some services provided by podiatrists and optometrists. Alberta practitioners receive fee-for-service payments and/or are paid through Alternative Relationship Plans. See Table 2.17 for information about Alternative Relationship Plans.

In this section, data are primarily for fee-for-service payments. Data are organized by practitioner specialty and type of service, by patient age and gender, and by the percentage of change in schedules of benefits. Individual schedules of benefits provide details about services and fee-for-service rates payable by the AHCIP. Unless otherwise noted, pathology services are included in this fee-for-service data. Alternative Relationship Plan and Primary Care Network data are reported separately in Tables 2.17 and 2.21.

## Highlights

- In Alberta, 7,743 physicians and 914 allied health practitioners received fee-for-service payments from the AHCIP during 2013/2014.
- The physician to population ratio for physicians (excluding pathologists) who submitted fee-for-service claims increased to 1.83 per 1,000 persons, up from 1.81 per 1,000 patients.
- Of the 4,228,125 Albertans registered for coverage with the AHCIP, 79.25% (3,350,612 people) received at least one fee-for-service physician service during 2013/2014.
    - A total of 59.87% of these patients received fee-for-service physician services valued at $500 or less.
    - 21.50% of these patients received fee-for-service physician services valued at more than $1,000. Payments for these patients' services accounted for 69.36% of all fee-for-service payments to physicians.
- Office visits (assessments) and consultations accounted for 49.62% of the fee-for-service payments made to Alberta physicians in 2013/2014. These services accounted for 76.73% of the fee-for-service payments made to general/family physicians.
- 17.87% of Alberta's population (755,762 people) obtained allied health services (services provided by dental specialists/oral surgeons, optometrists and podiatrists) in 2013/2014.
- Alberta Health spent $63,166,726 on optometry and podiatry services in 2013/2014 Coverage for these practitioners is not required by the *Canada Health Act*.
- A total of $18,784,388 was spent on optometry care for Alberta's children in 2013/2014.

- The AHCIP paid fee-for-service totalling $2,848,867,477 to Alberta physicians and allied health practitioners in 2013/2014. This figure represents a 7.56% increase compared to 2012/2013.

- In 2013/2014, the average total fee-for-service payment per Alberta physician was $358,825 (2.46% higher than it was in 2012/2013). This brought the median payment to $284,604 (a decrease of 1.09% compared to 2012/2013).

- A total of 1,656 physicians each received more than $500,000 in fee-for-service payments in 2013/2014. This represents an increase of 131 physicians compared to 2012/2013. Of the 1,656 physicians, 521 were general/family physicians, an increase of 68 over 2012/2013.

- Of the 1,656 physicians, a total of 339 physicians each received more than $1 million in fee-for-service payments in 2013/2014. Sixty-five (65) of the 339 physicians received more than $2 million. In 2012/2013, there were 299 physicians who received more than $1 million and 54 received more than $2 million in fee-for-service payments.

- In 2013/2014, a total of 1,906 physicians participated in Alternative Relationship Plans, up from 1,875 in 2012/2013. A total of $305,805,558 was spent on Alternative Relationship Plan expenditures.

- Forty one (41) Primary Care Networks operated in the five health zones as of March 31, 2014. These 41 Primary Care Networks involved a total of 3,289 registered providers who delivered services to 3,170,243 patients.

## Figures and Charts

### Number of Fee-For-Service Practitioners, 2013/2014

| Practitioner Type | Number of Practitioners | Percentage Change |
|---|---:|---:|
| Physicians | 7,743 | 4.90 |
| Dentists/ Dental Specialists/ Oral Surgeons | 218 | (2.68) |
| Optometrists | 629 | 5.01 |
| Podiatrists | 67 | 4.69 |
| **Total** | 8,657 | 4.70 |

### Fee-For-Service Payments, 2013/2014

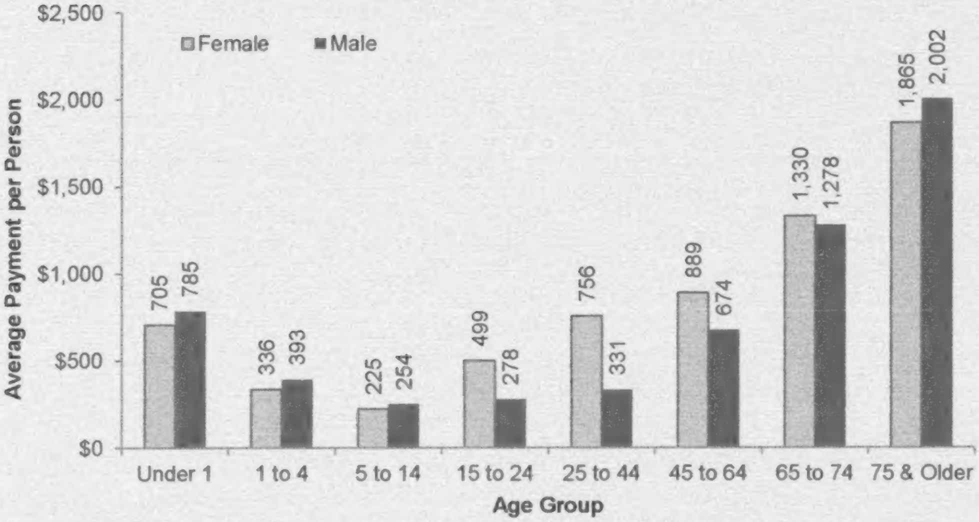
| Practitioner Type | Payments | Percentage Change |
|---|---:|---:|
| Physicians | $2,778,382,882 | 7.48 |
| Dentists/ Dental Specialists/ Oral Surgeons | 7,317,869 | 3.40 |
| Optometrists | 52,389,793 | 13.10 |
| Podiatrists | 10,776,933 | 5.50 |
| **Total** | **$2,848,867,477** | **7.56** |

*Note: $8.7 million of the overall payments made by the AHCIP to physicians were for pathology services (see Explanatory Notes).*

### Fee-For-Service Cost per Discrete Patient, 2013/2014

| Practitioner Type | Average Cost per Discrete Patient | Percentage Change |
|---|---:|---:|
| Physicians | $829 | 3.94 |
| Dentists/ Dental Specialists/ Oral Surgeons | 473 | (4.74) |
| Optometrists | 79 | 4.64 |
| Podiatrists | 100 | 3.05 |
| **Total** | $830 | 3.95 |

## Figure 2
## Average Fee-For-Service Payments per Person to Physicians for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2013 to March 31, 2014



## Figure 3
## Average Fee-For-Service Payments per Person to Allied Practitioners for Basic Health Services by Age and Gender for the Fiscal Year April 1, 2013 to March 31, 2014

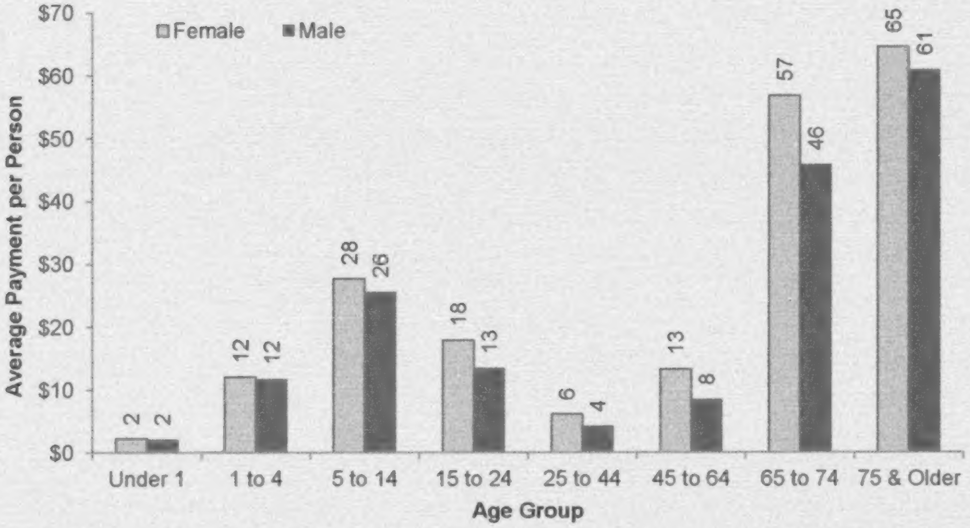
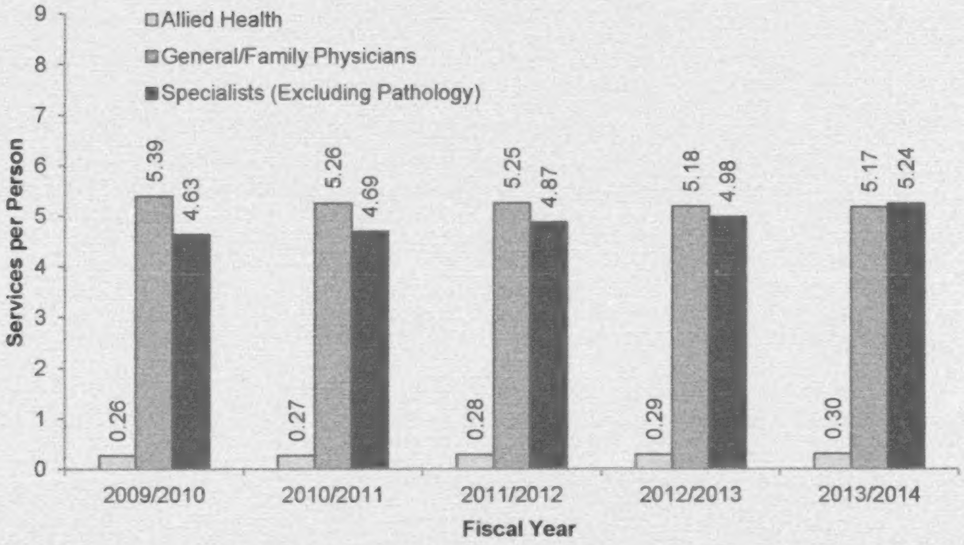


Figure 4
Average Number of Services per Person
for Basic Health Services
for the Fiscal Year April 1, 2013 to March 31, 2014



## Explanatory Notes

### Expenditure Location

Unless stated otherwise, the tables in Section 2 represent Alberta practitioner data. Hospital and non-hospital surgical facility costs are not reported in this Statistical Supplement, with the exception of select out-of-country hospital services, which are reported in Tables 2.18 to 2.20.

### Pathology Services

Alberta Health Services pays for most laboratory services. A few select pathology services, such as minor consultations, electrocardiograms (technical) and skin tests are paid for by the AHCIP.

Pathologists often submit fee-for-service claims through organizations rather than as individuals, so data about them is not directly comparable to those of other physicians. These statistics are listed separately whenever possible to allow for year-over-year comparisons.

## Payments Do Not Reflect Income

These statistics cannot be used as an accurate measure of a practitioner's personal income. The figures quoted are payments from which practitioners may pay business expenses, such as office and staff expenses, and payments reported in this document do not depict other sources of income or benefit programs which may include some of the following:

- Workers' Compensation Board, third party medicals, and for services not covered by the AHCIP;
- salaried positions and contractual arrangements with Alberta Health Services or private employers;
- payments for services rendered to non-Albertans;
- Alternative Relationship Programs: Sessional, Contractual, Academic, Capitation;
- Medical Liability Reimbursement Program;
- Retention Benefit Program;
- Continuing Medical Education Benefit Program;
- Physician On-Call Program that compensates physicians being on-call;
- Clinical Stabilization Initiative that provides funding for business expenses and retention of physicians;
- The Physician Office System Program that provides funds for electronic office equipment;
- Performance and Diligence Indicator Fund that compensates family physicians who meet specific performance targets;
- Compassionate Expense Program;
- Parental Leave Program;
- Federal Government Funding: e.g. travel to and from reserves for First Nation services; and
- through per capita funding of Primary Care Networks.

Under special circumstances, physicians may also claim and be paid for services provided by medical residents and nurses they supervise, and for diagnostic services provided by technicians.

## Physician Data

Data in this section include all Alberta physicians who had fee-for-service payments of one dollar or more in 2013/2014. When physicians have multiple specialties, they have been counted in the specialty where they received the highest fee-for-service payments.

Alternative Relationship Plan data are reported separately from fee-for-service data (Table 2.17).

Over the past five years, a number of manual payments have been made.

Manual payments totalling $2,974,824 made to Alberta physicians for the service period April 1, 2009 to March 31, 2010, are not included in the data. These payments were made as part of the 5.00% fee increase negotiated through the Master Agreement.

A manual payment totalling $68 million was made to Alberta physicians in 2013/2014 as negotiated in the 2011 AMA Agreement.

The Clinical Stabilization Initiative was part of the *Amending Agreement to the Tri-Lateral Master Agreement* for physicians. Effective September 1, 2007, the Clinical Stabilization Initiative was established to address three specific emergent issues:

- Business Cost Program - addresses the rising cost of medical practices in Alberta
- Rural Remote Northern Program - addresses the challenges of recruiting physicians to live and practise in rural, remote and northern areas of the province
    - Communities in Crisis - addresses the challenges of recruiting physicians to live and practise in communities in crisis

The term Clinical Stabilization Initiative changed after the expiration of the Tri-Lateral Master Agreement ending March 31, 2011 and became the Rural Remote Northern Program (RRNP) and the Business Cost Program (BCP).

Manual Payments for the Business Cost Program and Rural Remote Northern Program made to Alberta Physicians for the service period April 1, 2009 to March 31, 2014, are not included in the data.

**Manual Payments for the Business Cost Program and Rural Remote Northern Program**
**Made to Alberta Physicians**
**for the Service Years Ended March 31, 2010 to March 31, 2014**

| Year | Business Cost Program | Rural Remote Northern Program |
|---|---:|---:|
| 2009/2010 | $60,033,450 | $36,457,302 |
| 2010/2011 | 62,511,646 | 35,277,554 |
| 2011/2012 | 66,161,997 | 38,329,992 |
| 2012/2013 | 69,991,566 | 40,501,848 |
| 2013/2014 | $74,973,958 | $41,927,704 |

## Practitioner

Practitioner refers to physicians and allied health practitioners (dentists/dental specialists/oral surgeons, optometrists and podiatrists) who received fee-for-service payments from the AHCIP.

## Reporting Dates

Data are reported on a date-of-service rather than a date-of-payment basis. Practitioners have 180 days from the date of service to submit claims to the AHCIP for payment.

## Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

## Types of Service

The types of service reported in the fee-for-service payment tables are based on the health service codes from the relevant schedules of benefits and include all payments made for the service regardless of the practitioner's role.

## Optometry Services

Alberta children (18 years of age and younger) and residents who are 65 years of age and older are entitled to one complete eye exam, one partial eye exam, and one diagnostic test each year. Additional services are paid when specific medical conditions exist or if a physician refers a patient in these age groups to an optometrist. Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for all Albertans. Routine eye exams for Albertans 19 to 64 years of age are not covered by the AHCIP.

Manual payments totalling $168,770 made to Alberta optometrists for the service period April 1, 2009 to March 31, 2010, are not included in the data.

## Podiatry Services

Podiatry services covered by the AHCIP are paid at a set rate per service (as detailed in the Schedule of Podiatry Benefits), with a maximum annual benefit per patient of $250.

On June 1, 2006, a new Schedule of Podiatric Surgery Benefits was implemented. Services under the new schedule are fully covered by the AHCIP, if the surgeries are provided by a podiatrist who has specific certifications, in a hospital or non-hospital surgical facility under contract to Alberta Health

## Chiropractic Services

As of July 1, 2009, chiropractic services were no longer covered under the AHCIP. Tables 2.1, 2.4, 2.6, 2.7 and Figure 4 have been recalculated to exclude chiropractic data from 2008 to 2010 for ease of year-to-year comparison.

## Table 2.1
## Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2010 to March 31, 2014 (1)

| Indicators | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
|---|---|---|---|---|---|
| **REGISTRATIONS** | | | | | |
| Population Covered | 3,692,001 | 3,786,238 | 3,910,117 | 4,068,062 | 4,228,125 |
| Number of Discrete Physician Patients (2) | 3,037,953 | 3,068,772 | 3,145,227 | 3,240,162 | 3,350,612 |
| Number of Discrete Patients per Physician | 469 | 455 | 448 | 439 | 433 |
| **OVERALL PHYSICIAN SUMMARY** | | | | | |
| Number of Physician Services Provided | 37,310,962 | 37,952,270 | 39,892,223 | 41,681,645 | 44,379,813 |
| Number of Physicians | 6,482 | 6,743 | 7,015 | 7,381 | 7,743 |
| Number of Physicians per 1,000 Persons | 1.76 | 1.78 | 1.79 | 1.81 | 1.83 |
| Number of Services per Physician | 5,756 | 5,628 | 5,687 | 5,647 | 5,732 |
| Number of Services per 1,000 Persons | 10,106 | 10,024 | 10,202 | 10,246 | 10,496 |
| Total Physician Payments | $2,133,199,354 | $2,302,481,210 | $2,450,159,476 | $2,584,944,346 | $2,778,382,882 |
| Physician Payment per 1,000 Persons | $577,789 | $608,118 | $626,621 | $635,424 | $657,119 |
| Average Payment per Physician | $329,096 | $341,462 | $349,274 | $350,216 | $358,825 |
| **PHYSICIAN SUMMARY EXCLUDING PATHOLOGY** | | | | | |
| Number of Physician Services Provided | 37,020,673 | 37,652,774 | 39,571,619 | 41,348,035 | 44,019,136 |
| Number of Physicians | 6,463 | 6,722 | 6,996 | 7,369 | 7,731 |
| Number of Physicians per 1,000 Persons | 1.75 | 1.78 | 1.79 | 1.81 | 1.83 |
| Number of Services per Physician | 5,728 | 5,601 | 5,656 | 5,611 | 5,694 |
| Number of Services per 1,000 Persons | 10,027 | 9,945 | 10,120 | 10,164 | 10,411 |
| Total Physician Payments | $2,126,247,001 | $2,295,183,380 | $2,442,382,913 | $2,576,913,262 | $2,769,716,656 |
| Physician Payment per 1,000 Persons | $575,906 | $606,191 | $624,632 | $633,450 | $655,070 |
| Average Payment per Physician | $328,988 | $341,444 | $349,111 | $349,696 | $358,261 |
| **ALLIED PRACTITIONER SUMMARY** | | | | | |
| Number of Allied Services Provided | 959,086 | 1,013,407 | 1,112,167 | 1,165,174 | 1,253,175 |
| Number of Allied Practitioners | 758 | 791 | 837 | 887 | 914 |
| Number of Allied Practitioners per 1,000 Persons | 0.21 | 0.21 | 0.21 | 0.22 | 0.22 |
| Number of Services per Allied Practitioner | 1,265 | 1,281 | 1,329 | 1,314 | 1,371 |
| Number of Discrete Allied Patients (3) | 595,008 | 623,565 | 677,314 | 704,742 | 755,762 |
| Number of Discrete Patients per Allied Practitioner | 785 | 788 | 809 | 795 | 827 |
| Total Payments to Allied Practitioners | $47,872,869 | $53,094,539 | $59,387,785 | $63,616,005 | $70,484,596 |
| Allied Practitioner Payment per 1,000 Persons | $12,967 | $14,023 | $15,188 | $15,638 | $16,670 |
| Average Payment per Allied Practitioner | $63,157 | $67,123 | $70,953 | $71,720 | $77,117 |

*Note: This table reflects fee-for-service data only.*

*Continued…*

*(1) Numbers have been recalculated to exclude chiropractors from 2009/2010.*

*(2) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.*

*(3) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.*

## Table 2.1
## Medical and Allied Practitioners: Selected Indicators for the Service Years Ended March 31, 2010 to March 31, 2014 (1)

| Indicators | Percentage Change | | | |
|---|---|---|---|---|
| | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| **REGISTRATIONS** | | | | |
| Population Covered | 2.55% | 3.27% | 4.04% | 3.93% |
| Number of Discrete Physician Patients (2) | 1.01 | 2.49 | 3.02 | 3.41 |
| Number of Discrete Patients per Physician | (2.99) | (1.54) | (2.01) | (1.43) |
| **OVERALL PHYSICIAN SUMMARY** | | | | |
| Number of Physician Services Provided | 1.72 | 5.11 | 4.49 | 6.47 |
| Number of Physicians | 4.03 | 4.03 | 5.22 | 4.90 |
| Number of Physicians per 1,000 Persons | 1.14 | 0.56 | 1.36 | 0.93 |
| Number of Services per Physician | (2.22) | 1.04 | (0.70) | 1.50 |
| Number of Services per 1,000 Persons | (0.81) | 1.78 | 0.43 | 2.44 |
| Total Physician Payments | 7.94 | 6.41 | 5.50 | 7.48 |
| Physician Payment per 1,000 Persons | 5.25 | 3.04 | 1.40 | 3.41 |
| Average Payment per Physician | 3.76 | 2.29 | 0.27 | 2.46 |
| **PHYSICIAN SUMMARY EXCLUDING PATHOLOGY** | | | | |
| Number of Physician Services Provided | 1.71 | 5.10 | 4.49 | 6.46 |
| Number of Physicians | 4.01 | 4.08 | 5.33 | 4.91 |
| Number of Physicians per 1,000 Persons | 1.71 | 0.56 | 1.20 | 0.94 |
| Number of Services per Physician | (2.21) | 0.98 | (0.80) | 1.48 |
| Number of Services per 1,000 Persons | (0.82) | 1.77 | 0.43 | 2.43 |
| Total Physician Payments | 7.95 | 6.41 | 5.51 | 7.48 |
| Physician Payment per 1,000 Persons | 5.26 | 3.04 | 1.41 | 3.41 |
| Average Payment per Physician | 3.79 | 2.25 | 0.17 | 2.45 |
| **ALLIED PRACTITIONER SUMMARY** | | | | |
| Number of Allied Services Provided | 5.66 | 9.75 | 4.77 | 7.55 |
| Number of Allied Practitioners | 4.35 | 5.82 | 5.97 | 3.04 |
| Number of Allied Practitioners per 1,000 Persons | 0.00 | 0.00 | 3.83 | (0.86) |
| Number of Services per Allied Practitioner | 1.26 | 3.71 | (1.14) | 4.38 |
| Number of Discrete Allied Patients (3) | 4.80 | 8.62 | 4.05 | 7.24 |
| Number of Discrete Patients per Allied Practitioner | 0.43 | 2.65 | (1.82) | 4.07 |
| Total Payments to Allied Practitioners | 10.91 | 11.85 | 7.12 | 10.80 |
| Allied Practitioner Payment per 1,000 Persons | 8.15 | 8.31 | 2.96 | 6.60 |
| Average Payment per Allied Practitioner | 6.28 | 5.71 | 1.08 | 7.52 |

*Note: This table reflects fee-for-service data only.*

*(1) Numbers have been recalculated to exclude chiropractors from 2009/2010.*

*(2) Number of Discrete Physician Patients represents the actual count of patients receiving at least one service from a physician.*

*(3) Number of Discrete Allied Patients represents the actual count of patients receiving at least one service from an allied practitioner.*

## Table 2.1A
## Number of Services and Total Payments to Allied Health Practitioners by Service Category Code for the Service Year April 1, 2013 to March 31, 2014[1]

| Practitioner Type | Service Category | Number of Services | Total Payments |
|---|---|---:|---:|
| Dentists/Dental Specialists/ Oral Surgeons | Procedure | 17,654 | $6,700,071 |
| | Visit | 7,341 | 617,798 |
| Optometrists | Visit | 913,563 | 52,389,793 |
| Podiatrists | Procedure | 66,357 | 3,219,111 |
| | Test (x-ray) | 12,055 | 171,056 |
| | Visit | 236,205 | 7,386,766 |
| **Total** | | 1,253,175 | $70,484,596 |

*Note: This table reflects fee-for service data only.*

*(1) The sums of the payments may not match the totals due to rounding.*

## Table 2.2
## Number of Physicians and Average Payments to Physicians within their Age Group for the Service Years Ended March 31, 2010 to March 31, 2014

| Age Group | Number of Physicians | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 30 | 115 | 128 | 116 | 119 | 153 | 11.30 | (9.38) | 2.59 | 28.57 |
| 30 - 34 | 676 | 701 | 738 | 780 | 816 | 3.70 | 5.28 | 5.69 | 4.62 |
| 35 - 39 | 993 | 980 | 1,002 | 1,063 | 1,126 | (1.31) | 2.24 | 6.09 | 5.93 |
| 40 - 44 | 921 | 995 | 1,056 | 1,154 | 1,208 | 8.03 | 6.13 | 9.28 | 4.68 |
| 45 - 49 | 890 | 931 | 972 | 995 | 1,052 | 4.61 | 4.40 | 2.37 | 5.73 |
| 50 - 54 | 972 | 962 | 957 | 925 | 946 | (1.03) | (0.52) | (3.34) | 2.27 |
| 55 - 59 | 814 | 847 | 897 | 974 | 965 | 4.05 | 5.90 | 8.58 | (0.92) |
| 60 - 64 | 516 | 570 | 618 | 653 | 729 | 10.47 | 8.42 | 5.66 | 11.64 |
| 65 & Over | 585 | 629 | 659 | 718 | 748 | 7.52 | 4.77 | 8.95 | 4.18 |
| **Total** | 6,482 | 6,743 | 7,015 | 7,381 | 7,743 | 4.03% | 4.03% | 5.22% | 4.90% |

| Age Group | Average Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 30 | $184,814 | $204,386 | $221,758 | $197,493 | $177,741 | 10.59 | 8.50 | (10.94) | (10.00) |
| 30 - 34 | 243,742 | 264,015 | 271,973 | 275,464 | 279,804 | 8.32 | 3.01 | 1.28 | 1.58 |
| 35 - 39 | 322,524 | 339,908 | 350,593 | 348,045 | 365,490 | 5.39 | 3.14 | (0.73) | 5.01 |
| 40 - 44 | 351,937 | 359,781 | 377,262 | 381,587 | 395,695 | 2.23 | 4.86 | 1.15 | 3.70 |
| 45 - 49 | 345,578 | 358,485 | 366,857 | 378,581 | 389,169 | 3.73 | 2.34 | 3.20 | 2.80 |
| 50 - 54 | 358,656 | 366,766 | 361,904 | 370,518 | 391,840 | 2.26 | (1.33) | 2.38 | 5.75 |
| 55 - 59 | 398,120 | 404,133 | 414,710 | 390,127 | 381,926 | 1.51 | 2.62 | (5.93) | (2.10) |
| 60 - 64 | 365,702 | 384,221 | 382,606 | 391,814 | 386,401 | 5.06 | (0.42) | 2.41 | (1.38) |
| 65 & Over | 228,763 | 242,079 | 246,835 | 252,092 | 271,384 | 5.82 | 1.96 | 2.13 | 7.65 |
| **Total** | $329,096 | $341,462 | $349,274 | $350,216 | $358,825 | 3.76% | 2.29% | 0.27% | 2.46% |

*Note: This table reflects fee-for-service data only.*

## Table 2.2A

## Number of Dentists/Dental Specialists/Oral Surgeons and Average Payments to Dentists/Dental Specialists/Oral Surgeons within their Age Group for the Service Years Ended March 31, 2010 to March 31, 2014

| Age Group | Number of Dentists/Dental Specialists/Oral Surgeons | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 30 | 8 | 11 | 10 | 12 | 6 | 37.50 | (9.09) | 20.00 | (50.00) |
| 30 - 34 | 17 | 19 | 19 | 23 | 24 | 11.76 | 0.00 | 21.05 | 4.35 |
| 35 - 39 | 22 | 21 | 33 | 30 | 29 | (4.55) | 57.14 | (9.09) | (3.33) |
| 40 - 44 | 44 | 35 | 29 | 26 | 22 | (20.45) | (17.14) | (10.34) | (15.38) |
| 45 - 49 | 33 | 32 | 36 | 35 | 43 | (3.03) | 12.50 | (2.78) | 22.86 |
| 50 - 54 | 38 | 36 | 31 | 29 | 24 | (5.26) | (13.89) | (6.45) | (17.24) |
| 55 - 59 | 26 | 25 | 30 | 31 | 35 | (3.85) | 20.00 | 3.33 | 12.90 |
| 60 - 64 | 17 | 21 | 20 | 25 | 22 | 23.53 | (4.76) | 25.00 | (12.00) |
| 65 & Over | 7 | 7 | 10 | 13 | 13 | 0.00 | 42.86 | 30.00 | 0.00 |
| **Total** | 212 | 207 | 218 | 224 | 218 | -2.36% | 5.31% | 2.75% | -2.68% |

| Age Group | Average Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 30 | $834 | $909 | $3,537 | $2,191 | $3,300 | 8.91 | 289.26 | (38.06) | 50.62 |
| 30 - 34 | 16,797 | 9,337 | 8,992 | 20,441 | 24,133 | (44.41) | (3.70) | 127.32 | 18.06 |
| 35 - 39 | 17,763 | 30,616 | 25,017 | 17,109 | 23,115 | 72.36 | (18.29) | (31.61) | 35.10 |
| 40 - 44 | 20,908 | 38,951 | 46,382 | 67,504 | 66,307 | 86.30 | 19.08 | 45.54 | (1.77) |
| 45 - 49 | 30,490 | 37,591 | 35,316 | 9,952 | 19,442 | 23.29 | (6.05) | (71.82) | 95.36 |
| 50 - 54 | 23,401 | 11,685 | 17,006 | 49,028 | 63,710 | (50.07) | 45.54 | 188.30 | 29.95 |
| 55 - 59 | 35,870 | 39,566 | 32,741 | 34,064 | 30,027 | 10.30 | (17.25) | 4.04 | (11.85) |
| 60 - 64 | 20,233 | 42,862 | 51,972 | 50,767 | 51,093 | 111.84 | 21.25 | (2.32) | 0.64 |
| 65 & Over | 10,355 | 5,796 | 9,665 | 16,710 | 3,828 | (44.03) | 66.75 | 72.89 | (77.09) |
| **Total** | $22,865 | $27,763 | $28,870 | $31,595 | $33,568 | 21.42% | 3.99% | 9.44% | 6.24% |

*Note: This table reflects fee-for-service data only.*

## Table 2.2B
## Number of Optometrists and Average Payments to Optometrists within their Age Group for the Service Years Ended March 31, 2010 to March 31, 2014

| Age Group | Number of Optometrists | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 30 | 81 | 87 | 103 | 124 | 114 | 7.41 | 18.39 | 20.39 | (8.06) |
| 30 - 34 | 102 | 113 | 121 | 127 | 150 | 10.78 | 7.08 | 4.96 | 18.11 |
| 35 - 39 | 93 | 100 | 102 | 100 | 105 | 7.53 | 2.00 | (1.96) | 5.00 |
| 40 - 44 | 58 | 68 | 70 | 84 | 87 | 17.24 | 2.94 | 20.00 | 3.57 |
| 45 - 49 | 29 | 29 | 36 | 41 | 48 | 0.00 | 24.14 | 13.89 | 17.07 |
| 50 - 54 | 36 | 35 | 33 | 30 | 28 | (2.78) | (5.71) | (9.09) | (6.67) |
| 55 - 59 | 35 | 37 | 38 | 39 | 39 | 5.71 | 2.70 | 2.63 | 0.00 |
| 60 - 64 | 26 | 27 | 25 | 28 | 32 | 3.85 | (7.41) | 12.00 | 14.29 |
| 65 & Over | 26 | 28 | 29 | 26 | 26 | 7.69 | 3.57 | (10.34) | 0.00 |
| **Total** | 486 | 524 | 557 | 599 | 629 | 7.82% | 6.30% | 7.54% | 5.01% |

| Age Group | Average Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 30 | $56,896 | $56,382 | $58,207 | $61,490 | $70,427 | (0.90) | 3.24 | 5.64 | 14.54 |
| 30 - 34 | 71,394 | 70,060 | 78,731 | 75,364 | 78,659 | (1.87) | 12.38 | (4.28) | 4.37 |
| 35 - 39 | 73,326 | 78,398 | 83,739 | 86,394 | 90,639 | 6.92 | 6.81 | 3.17 | 4.91 |
| 40 - 44 | 76,253 | 80,916 | 86,077 | 85,575 | 92,866 | 6.12 | 6.38 | (0.58) | 8.52 |
| 45 - 49 | 74,680 | 82,139 | 84,919 | 84,419 | 89,648 | 9.99 | 3.38 | (0.59) | 6.19 |
| 50 - 54 | 82,441 | 86,946 | 88,651 | 88,142 | 97,760 | 5.47 | 1.96 | (0.57) | 10.91 |
| 55 - 59 | 75,207 | 85,051 | 99,290 | 92,910 | 94,241 | 13.09 | 16.74 | (6.43) | 1.43 |
| 60 - 64 | 73,309 | 74,397 | 79,468 | 72,137 | 85,925 | 1.48 | 6.82 | (9.22) | 19.11 |
| 65 & Over | 44,628 | 49,521 | 50,925 | 59,656 | 57,707 | 10.97 | 2.83 | 17.15 | (3.27) |
| **Total** | $70,627 | $72,770 | $77,752 | $77,335 | $83,291 | 3.03% | 6.85% | -0.54% | 7.70% |

*Note: This table reflects fee-for-service data only.*

## Table 2.2C

## Number of Podiatrists and Average Payments to Podiatrists within their Age Group for the Service Years Ended March 31, 2010 to March 31, 2014

| Age Group | Number of Podiatrists | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 35 | 7 | 4 | 2 | 2 | 3 | (42.86) | (50.00) | 0.00 | 50.00 |
| 35 - 39 | 7 | 8 | 11 | 12 | 9 | 14.29 | 37.50 | 9.09 | (25.00) |
| 40 - 44 | 18 | 17 | 19 | 15 | 15 | (5.56) | 11.76 | (21.05) | 0.00 |
| 45 - 49 | 12 | 15 | 12 | 15 | 16 | 25.00 | (20.00) | 25.00 | 6.67 |
| 50 - 54 | 8 | 7 | 8 | 8 | 10 | (12.50) | 14.29 | 0.00 | 25.00 |
| 55 & Over | 8 | 9 | 10 | 12 | 14 | 12.50 | 11.11 | 20.00 | 16.67 |
| **Total** | 60 | 60 | 62 | 64 | 67 | 0.00% | 3.33% | 3.23% | 4.69% |

| Age Group | Average Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 35 | $92,420 | $114,002 | $109,461 | $108,609 | $68,871 | 23.35 | (3.98) | (0.78) | (36.59) |
| 35 - 39 | 132,762 | 122,736 | 110,605 | 137,078 | 116,230 | (7.55) | (9.88) | 23.93 | (15.21) |
| 40 - 44 | 182,676 | 190,930 | 183,270 | 162,543 | 178,085 | 4.52 | (4.01) | (11.31) | 9.56 |
| 45 - 49 | 171,505 | 186,997 | 194,801 | 208,162 | 230,308 | 9.03 | 4.17 | 6.86 | 10.64 |
| 50 - 54 | 112,137 | 120,715 | 180,760 | 194,948 | 186,089 | 7.65 | 49.74 | 7.85 | (4.54) |
| 55 & Over | 110,109 | 98,040 | 108,498 | 102,744 | 93,368 | (10.96) | 10.67 | (5.30) | (9.13) |
| **Total** | $145,008 | $153,600 | $157,845 | $159,613 | $160,850 | 5.93% | 2.76% | 1.12% | 0.77% |

*Note: This table reflects fee-for-service data only.*

## Table 2.3

## Distribution of Physician and Allied Health Practitioner Payments and Services per Patient for the Service Year April 1, 2013 to March 31, 2014 (1)

| Practitioner Type | Total Payments | Number of Services | Average Cost per Service | Number of Discrete Patients (2) | Average Cost Per Discrete Patient | Average Number of Services Per Discrete Patient |
|---|---|---|---|---|---|---|
| Physicians | $2,778,382,882 | 44,379,813 | $62.60 | 3,350,612 | $829.22 | 13.2 |
| Dentists/ Dental Specialists/ Oral Surgeons | 7,317,869 | 24,995 | 292.77 | 15,472 | 472.98 | 1.6 |
| Optometrists | 52,389,793 | 913,563 | 57.35 | 663,333 | 78.98 | 1.4 |
| Podiatrists | 10,776,933 | 314,617 | 34.25 | 108,173 | 99.63 | 2.9 |
| **Total** | $2,848,867,477 | 45,632,988 | $62.43 | 3,434,133 | $829.57 | 13.3 |

*Note: This table reflects fee-for-service data only.*

*(1) The sums of the payments may not match the totals due to rounding.*

*(2) Number of Discrete Patients contains the actual count of patients receiving at least one service. The total represents a discrete count of patients within all practitioner types.*

## Table 2.4

## Total Number of Services Provided by Physicians and Allied Health Practitioners for the Service Years Ended March 31, 2010 to March 31, 2014 (1)

| Practitioner Type | Number of Services | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Physicians | 37,310,962 | 37,952,270 | 39,892,223 | 41,681,645 | 44,379,813 | 1.72% | 5.11% | 4.49% | 6.47% |
| Dentists/ Dental Specialists/ Oral Surgeons | 18,963 | 21,052 | 20,784 | 23,014 | 24,995 | 11.02 | (1.27) | 10.73 | 8.61 |
| Optometrists | 646,171 | 690,974 | 782,911 | 832,665 | 913,563 | 6.93 | 13.31 | 6.36 | 9.72 |
| Podiatrists | 293,952 | 301,381 | 308,472 | 309,495 | 314,617 | 2.53 | 2.35 | 0.33 | 1.65 |
| **Total** | 38,270,048 | 38,965,677 | 41,004,390 | 42,846,819 | 45,632,988 | 1.82% | 5.23% | 4.49% | 6.50% |

*Note: This table reflects fee-for-service data only.*

*(1) Numbers have been recalculated to exclude chiropractors from 2009/2010.*

## Table 2.5A

### Distribution of Optometry Payments and Services per Patient for Recipients 0 to 18 Years of Age for the Service Years Ended March 31, 2010 to March 31, 2014

| Year | Total Optometry Payments | Number of Optometry Services | Average Cost per Service | Number of Discrete Patients (1) | Average Cost per Discrete Patient | Number of Services per Patient | Population Covered |
|---|---|---|---|---|---|---|---|
| 2009/2010 | $15,762,021 | 320,429 | $49.19 | 283,634 | $55.57 | 1.13 | 894,837 |
| 2010/2011 | 17,007,831 | 331,343 | 51.33 | 291,939 | 58.26 | 1.13 | 909,719 |
| 2011/2012 | 18,215,775 | 353,626 | 51.51 | 308,471 | 59.05 | 1.15 | 930,958 |
| 2012/2013 | 18,784,388 | 362,617 | 51.80 | 313,473 | 59.92 | 1.16 | 959,794 |
| 2013/2014 | $20,848,306 | 390,454 | $53.40 | 333,521 | $62.51 | 1.17 | 988,428 |

*Note: This table reflects fee-for-service data only.*

*(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.*

## Table 2.5B

### Distribution of Optometry Payments and Services per Patient for Recipients 19 to 64 Years of Age for the Service Years Ended March 31, 2010 to March 31, 2014

| Year | Total Optometry Payments | Number of Optometry Services | Average Cost per Service | Number of Discrete Patients (1) | Average Cost per Discrete Patient | Number of Services per Patient | Population Covered |
|---|---|---|---|---|---|---|---|
| 2009/2010 | $4,578,680 | 101,222 | $45.23 | 71,420 | $64.11 | 1.42 | 2,400,052 |
| 2010/2011 | 5,769,500 | 122,189 | 47.22 | 84,406 | 68.35 | 1.45 | 2,465,582 |
| 2011/2012 | 7,389,420 | 155,391 | 47.55 | 106,344 | 69.49 | 1.46 | 2,547,588 |
| 2012/2013 | 8,335,025 | 173,533 | 48.03 | 120,199 | 69.34 | 1.44 | 2,653,234 |
| 2013/2014 | $9,755,659 | 196,487 | $49.65 | 135,351 | $72.08 | 1.45 | 2,762,192 |

*Note: This table reflects fee-for-service data only.*

*(1) Effective October 1, 2007, coverage was expanded to include certain medically necessary eye care services for 19 to 64 year olds. However, routine eye exams for Albertans age 19 to 64 years of age are not covered.*

*(2) Number of Discrete Patients contains the actual count of patients receiving at least one service.*

## Table 2.5C

### Distribution of Optometry Payments and Services per Patient for Recipients 65 Years of Age and Older for the Service Years Ended March 31, 2010 to March 31, 2014

| Year | Total Optometry Payments | Number of Optometry Services | Average Cost per Service | Number of Discrete Patients (1) | Average Cost per Discrete Patient | Number of Services per Patient | Population Covered |
|---|---|---|---|---|---|---|---|
| 2009/2010 | $13,984,233 | 224,520 | $62.29 | 153,674 | $91.00 | 1.46 | 397,112 |
| 2010/2011 | 15,354,154 | 237,442 | 64.66 | 159,677 | 96.16 | 1.49 | 410,937 |
| 2011/2012 | 17,702,469 | 273,894 | 64.63 | 174,174 | 101.64 | 1.57 | 431,571 |
| 2012/2013 | 19,204,024 | 296,515 | 64.77 | 180,639 | 106.31 | 1.64 | 455,034 |
| 2013/2014 | $21,785,828 | 326,622 | $66.70 | 195,152 | $111.64 | 1.67 | 477,505 |

*Note: This table reflects fee-for-service data only.*

*(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.*

# Table 2.6

## Total and Average Gross Payments to Physicians and Allied Health Practitioners by Practitioner Type for the Service Years Ended March 31, 2010 to March 31, 2014 (1) (2)

| Practitioner Type | Number of Practitioners | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Physicians | 6,482 | 6,743 | 7,015 | 7,381 | 7,743 | 4.03 | 4.03 | 5.22 | 4.90 |
| Dentists/ Dental Specialists/ Oral Surgeons | 212 | 207 | 218 | 224 | 218 | (2.36) | 5.31 | 2.75 | (2.68) |
| Optometrists | 486 | 524 | 557 | 599 | 629 | 7.82 | 6.30 | 7.54 | 5.01 |
| Podiatrists | 60 | 60 | 62 | 64 | 67 | 0.00 | 3.33 | 3.23 | 4.69 |
| **Total** | 7,240 | 7,534 | 7,852 | 8,268 | 8,657 | 4.06% | 4.22% | 5.30% | 4.70% |

| Practitioner Type | Total Payments | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Physicians | $2,133,199,354 | $2,302,481,210 | $2,450,159,476 | $2,584,944,346 | $2,778,382,882 | 7.94 | 6.41 | 5.50 | 7.48 |
| Dentists/ Dental Specialists/ Oral Surgeons | 4,847,467 | 5,747,026 | 6,293,750 | 7,077,327 | 7,317,869 | 18.56 | 9.51 | 12.45 | 3.40 |
| Optometrists | 34,324,934 | 38,131,485 | 43,307,665 | 46,323,436 | 52,389,793 | 11.09 | 13.57 | 6.96 | 13.10 |
| Podiatrists | 8,700,467 | 9,216,028 | 9,786,370 | 10,215,243 | 10,776,933 | 5.93 | 6.19 | 4.38 | 5.50 |
| **Total** | $2,181,072,223 | $2,355,575,748 | $2,509,547,261 | $2,648,560,351 | $2,848,867,477 | 8.00% | 6.54% | 5.54% | 7.56% |

| Practitioner Type | Average Payment | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Physicians | $329,096 | $341,462 | $349,274 | $350,216 | $358,825 | 3.76 | 2.29 | 0.27 | 2.46 |
| Dentists/ Dental Specialists/ Oral Surgeons | 22,865 | 27,763 | 28,870 | 31,595 | 33,568 | 21.42 | 3.99 | 9.44 | 6.24 |
| Optometrists | 70,627 | 72,770 | 77,752 | 77,335 | 83,291 | 3.03 | 6.85 | (0.54) | 7.70 |
| Podiatrists | 145,008 | 153,600 | 157,845 | 159,613 | 160,850 | 5.93 | 2.76 | 1.12 | 0.77 |
| **Total** | $301,253 | $312,659 | $319,606 | $320,339 | $329,083 | 3.79% | 2.22% | 0.23% | 2.73% |

*Note: This table reflects fee-for-service data only.*

*(1) The sums of the payments may not match the totals due to rounding.*

*(2) Numbers have been recalculated to exclude chiropractors from 2009/2010.*

## Table 2.7
## Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2010 to March 31, 2014 (1) (2) (3)

| Dollar Range | Total | | | | | Physicians | | | | | Dentists/Dental Specialists/Oral Surgeons | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Less than $10,000 | 590 | 592 | 602 | 660 | 657 | 388 | 395 | 402 | 443 | 447 | 173 | 174 | 179 | 187 | 175 |
| 10,000 - 19,999 | 172 | 167 | 195 | 193 | 214 | 137 | 134 | 147 | 155 | 179 | 10 | 1 | 10 | 4 | 8 |
| 20,000 - 39,999 | 312 | 329 | 303 | 343 | 319 | 229 | 236 | 223 | 259 | 243 | 7 | 8 | 6 | 5 | 8 |
| 40,000 - 59,999 | 297 | 322 | 317 | 348 | 353 | 216 | 222 | 222 | 233 | 241 | 2 | 2 | | 5 | 4 |
| 60,000 - 79,999 | 312 | 302 | 335 | 305 | 316 | 206 | 207 | 238 | 205 | 211 | | 1 | 1 | 2 | |
| 80,000 - 99,999 | 294 | 282 | 303 | 299 | 342 | 201 | 198 | 202 | 194 | 233 | 3 | 2 | 3 | 3 | 5 |
| 100,000 - 119,999 | 238 | 250 | 255 | 301 | 319 | 186 | 190 | 189 | 229 | 234 | 4 | 3 | 3 | 1 | 1 |
| 120,000 - 139,999 | 246 | 274 | 251 | 273 | 297 | 211 | 225 | 204 | 224 | 239 | 3 | 4 | 2 | 1 | 2 |
| 140,000 - 159,999 | 224 | 219 | 247 | 278 | 291 | 194 | 196 | 210 | 242 | 256 | 2 | | 3 | 3 | 2 |
| 160,000 - 179,999 | 241 | 243 | 238 | 251 | 268 | 228 | 223 | 218 | 229 | 237 | 1 | 3 | 2 | 1 | 1 |
| 180,000 - 199,999 | 229 | 228 | 254 | 261 | 267 | 221 | 221 | 240 | 246 | 247 | 2 | | | 1 | 2 |
| 200,000 - 299,999 | 1,174 | 1,197 | 1,248 | 1,268 | 1,327 | 1,164 | 1,179 | 1,228 | 1,248 | 1,304 | | 4 | 3 | 5 | 3 |
| 300,000 - 399,999 | 1,017 | 1,039 | 1,041 | 1,121 | 1,173 | 1,011 | 1,034 | 1,038 | 1,116 | 1,169 | 3 | 1 | 1 | 1 | 2 |
| 400,000 - 499,999 | 711 | 785 | 836 | 837 | 853 | 708 | 779 | 831 | 833 | 847 | 1 | 3 | 3 | 1 | 2 |
| 500,000 - 599,999 | 433 | 450 | 494 | 539 | 560 | 433 | 450 | 491 | 538 | 558 | | | 1 | 1 | 1 |
| 600,000 - 699,999 | 223 | 247 | 283 | 290 | 344 | 223 | 247 | 283 | 287 | 344 | | | | 2 | |
| 700,000 - 799,999 | 166 | 191 | 189 | 202 | 202 | 165 | 191 | 189 | 202 | 202 | 1 | | | | |
| 800,000 - 899,999 | 97 | 112 | 114 | 126 | 126 | 97 | 112 | 114 | 126 | 124 | | | | | 1 |
| 900,000 - 999,999 | 63 | 62 | 74 | 73 | 89 | 63 | 61 | 74 | 73 | 89 | | 1 | | | |
| 1,000,000 -1,999,999 | 168 | 201 | 223 | 246 | 275 | 168 | 201 | 222 | 245 | 274 | | | 1 | 1 | 1 |
| 2,000,000 & Over | 33 | 42 | 50 | 54 | 65 | 33 | 42 | 50 | 54 | 65 | | | | | |
| **Total** | 7,240 | 7,534 | 7,852 | 8,268 | 8,657 | 6,482 | 6,743 | 7,015 | 7,381 | 7,743 | 212 | 207 | 218 | 224 | 218 |

*Note: This table reflects fee-for-service data only.*

*Continued...*

*(1) A blank cell represents a zero value.*

*(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.*

*(3) Numbers have been recalculated to exclude chiropractors from 2009/2010.*

## Table 2.7

## Distribution of Physicians and Allied Health Practitioners by Gross Payment Range for the Service Years Ended March 31, 2010 to March 31, 2014 (1) (2) (3)

| Dollar Range | Optometrists | | | | | Podiatrists | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Less than $10,000 | 29 | 23 | 20 | 30 | 34 | | | 1 | | 1 |
| 10,000 - 19,999 | 25 | 32 | 38 | 34 | 27 | | | | | |
| 20,000 - 39,999 | 74 | 84 | 73 | 78 | 68 | 2 | 1 | 1 | 1 | |
| 40,000 - 59,999 | 77 | 94 | 92 | 105 | 103 | 2 | 4 | 3 | 5 | 5 |
| 60,000 - 79,999 | 97 | 90 | 90 | 95 | 98 | 9 | 4 | 6 | 3 | 7 |
| 80,000 - 99,999 | 86 | 78 | 94 | 95 | 98 | 4 | 4 | 4 | 7 | 6 |
| 100,000 - 119,999 | 41 | 49 | 54 | 62 | 75 | 7 | 8 | 9 | 9 | 9 |
| 120,000 - 139,999 | 24 | 32 | 38 | 42 | 49 | 8 | 13 | 7 | 6 | 7 |
| 140,000 - 159,999 | 17 | 16 | 28 | 26 | 29 | 11 | 7 | 6 | 7 | 4 |
| 160,000 - 179,999 | 8 | 11 | 10 | 13 | 19 | 4 | 6 | 8 | 8 | 11 |
| 180,000 - 199,999 | 2 | 7 | 11 | 7 | 13 | 4 | 0 | 3 | 7 | 5 |
| 200,000 - 299,999 | 5 | 6 | 7 | 9 | 14 | 5 | 8 | 10 | 6 | 6 |
| 300,000 - 399,999 | 1 | 1 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 1 |
| 400,000 - 499,999 | | 1 | | | | 2 | 2 | 2 | 3 | 4 |
| 500,000 - 599,999 | | | 1 | | | | | 1 | | 1 |
| 600,000 - 699,999 | | | | 1 | | | | | | |
| 700,000 - 799,999 | | | | | | | | | | |
| 800,000 - 899,999 | | | | | 1 | | | | | |
| 900,000 - 999,999 | | | | | | | | | | |
| 1,000,000 -1,999,999 | | | | | | | | | | |
| 2,000,000 & Over | | | | | | | | | | |
| **Total** | 486 | 524 | 557 | 599 | 629 | 60 | 60 | 62 | 64 | 67 |

*Note: This table reflects fee-for-service data only.*

*(1) A blank cell represents a zero value.*

*(2) These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not include other sources of income. The figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.*

*(3) Numbers have been recalculated to exclude chiropractors from 2009/2010.*

## Table 2.8

## Distribution of Physician Payments and Services per Patient for the Service Years Ended March 31, 2010 to March 31, 2014

| Year | Total Physician Payments | Number of Services | Average Cost per Service | Number of Discrete Patients (1) | Average Cost per Discrete Patient | Number of Services per Patient | Population Covered |
|---|---|---|---|---|---|---|---|
| 2009/2010 | $2,133,199,354 | 37,310,962 | $57.17 | 3,037,953 | $702.18 | 12.28 | 3,692,001 |
| 2010/2011 | 2,302,481,210 | 37,952,270 | 60.67 | 3,068,772 | 750.29 | 12.37 | 3,786,238 |
| 2011/2012 | 2,450,159,476 | 39,892,223 | 61.42 | 3,145,227 | 779.01 | 12.68 | 3,910,117 |
| 2012/2013 | 2,584,944,346 | 41,681,645 | 62.02 | 3,240,162 | 797.78 | 12.86 | 4,068,062 |
| 2013/2014 | $2,778,382,882 | 44,379,813 | $62.60 | 3,350,612 | $829.22 | 13.25 | 4,228,125 |
| Percentage Change 2013/2014 | 7.48% | 6.47% | 0.95% | 3.41% | 3.94% | 2.96% | 3.93% |
| Annual Average Percentage Change for Last 5 Years | 6.83% | 4.43% | 2.29% | 2.48% | 4.24% | 1.91% | 3.45% |

*Note: This table reflects fee-for-service data only.*

*(1) Number of Discrete Patients contains the actual count of patients receiving at least one service.*

## Table 2.9

## Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2013 to March 31, 2014

| Dollar Range | Distribution of | | |
|---|---|---|---|
| | Discrete Patients (1) | Payments | Services |
| $ 0.01 - 50.00 | 231,098 | $8,270,826 | 236,379 |
| 50.01 - 100.00 | 333,132 | $24,503,504 | 516,573 |
| 100.01 - 200.00 | 548,150 | $80,263,568 | 1,558,889 |
| 200.01 - 300.00 | 379,457 | $93,944,728 | 1,717,211 |
| 300.01 - 400.00 | 286,925 | $99,828,601 | 1,776,830 |
| 400.01 - 500.00 | 227,159 | $101,791,451 | 1,802,304 |
| 500.01 - 600.00 | 180,382 | $98,887,700 | 1,736,934 |
| 600.01 - 700.00 | 145,743 | $94,495,022 | 1,641,688 |
| 700.01 - 800.00 | 118,240 | $88,503,332 | 1,520,503 |
| 800.01 - 900.00 | 98,245 | $83,362,183 | 1,415,618 |
| 900.01 - 1,000.00 | 81,702 | $77,500,377 | 1,302,738 |
| 1,000.01 - 2,000.00 | 398,834 | $556,866,493 | 9,034,884 |
| 2,000.01 - 3,000.00 | 143,878 | $349,975,693 | 5,274,053 |
| 3,000.01 - 4,000.00 | 69,416 | $239,241,120 | 3,480,901 |
| 4,000.01 - 5,000.00 | 38,365 | $170,890,299 | 2,467,073 |
| 5,000.01 & Over | 69,886 | $610,057,987 | 8,897,235 |
| **Total** | 3,350,612 | $2,778,382,882 | 44,379,813 |

*Note: This table reflects fee-for-service data only.*

*(1) Discrete Patients contains the actual count of patients who received at least one medical service during the fiscal year.*

## Table 2.9 A

## Percentage Distribution of Discrete Patients by Payment Range for Services Provided by Physicians for the Service Year April 1, 2013 to March 31, 2014

| Dollar Range | Percentage Distribution of | | |
|---|---|---|---|
| | Discrete Patients [(1)] | Payments | Services |
| $ 0.01 - 50.00 | 6.90 | 0.30 | 0.53 |
| 50.01 - 100.00 | 9.94 | 0.88 | 1.16 |
| 100.01 - 200.00 | 16.36 | 2.89 | 3.51 |
| 200.01 - 300.00 | 11.33 | 3.38 | 3.87 |
| 300.01 - 400.00 | 8.56 | 3.59 | 4.00 |
| 400.01 - 500.00 | 6.78 | 3.66 | 4.06 |
| 500.01 - 600.00 | 5.38 | 3.56 | 3.91 |
| 600.01 - 700.00 | 4.35 | 3.40 | 3.70 |
| 700.01 - 800.00 | 3.53 | 3.19 | 3.43 |
| 800.01 - 900.00 | 2.93 | 3.00 | 3.19 |
| 900.01 - 1,000.00 | 2.44 | 2.79 | 2.94 |
| 1,000.01 - 2,000.00 | 11.90 | 20.04 | 20.36 |
| 2,000.01 - 3,000.00 | 4.29 | 12.60 | 11.88 |
| 3,000.01 - 4,000.00 | 2.07 | 8.61 | 7.84 |
| 4,000.01 - 5,000.00 | 1.15 | 6.15 | 5.56 |
| 5,000.01 & Over | 2.09 | 21.96 | 20.05 |
| **Total** | 100.00% | 100.00% | 100.00% |

*Note: This table reflects fee-for-service data only.*

*(1) Discrete Patients contains the percentage of the actual count of patients who received at least one medical service during the fiscal year.*

## Table 2.10
## Distribution of Physicians by Specialty for the Service Years Ended March 31, 2010 to March 31, 2014

| Physicians by Specialty | Number of Physicians | | | | |
|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| **Total: All Physicians** | 6,482 | 6,743 | 7,015 | 7,381 | 7,743 |
| **Subtotal:** | | | | | |
| All Physicians (except Pathology) | 6,463 | 6,722 | 6,996 | 7,369 | 7,731 |
| All Specialists (except GP/FPs & Pathology) | 2,845 | 2,952 | 3,089 | 3,268 | 3,444 |
| **Physicians by Specialty** | | | | | |
| Anaesthesiology | 345 | 360 | 385 | 396 | 400 |
| Cardiovascular and Thoracic Surgery | 23 | 22 | 22 | 25 | 25 |
| Dermatology | 39 | 44 | 45 | 47 | 45 |
| Emergency Medicine | 92 | 101 | 108 | 118 | 131 |
| General/Family Physicians (GP/FPs) | 3,618 | 3,770 | 3,907 | 4,101 | 4,287 |
| - General/Family Physicians | 3,394 | 3,537 | 3,667 | 3,842 | 4,017 |
| - Full-Time Emergency Room Physicians | 195 | 200 | 209 | 226 | 235 |
| - Mental Health Generalists | 15 | 17 | 16 | 18 | 17 |
| - Other General Practice Physicians (1) | 14 | 16 | 15 | 15 | 18 |
| General Surgery | 180 | 184 | 193 | 195 | 193 |
| - General Surgery designated specialty | 165 | 168 | 175 | 177 | 176 |
| - Other General Surgery | 15 | 16 | 18 | 18 | 17 |
| Internal Medicine | 565 | 571 | 597 | 645 | 699 |
| - Internal Medicine designated specialty | 243 | 253 | 278 | 308 | 312 |
| - Cardiology | 74 | 77 | 74 | 81 | 94 |
| - Endocrinology/Metabolism | 2 | 2 | 3 | 3 | 4 |
| - Gastroenterology | 50 | 51 | 46 | 59 | 65 |
| - Infectious Diseases | 16 | 16 | 18 | 20 | 18 |
| - Other Internal Medicine | 180 | 172 | 178 | 174 | 206 |
| Neurology | 42 | 50 | 47 | 52 | 60 |
| Neurosurgery | 12 | 11 | 16 | 21 | 15 |
| Obstetrics-Gynaecology | 184 | 188 | 196 | 193 | 209 |
| Ophthalmology | 106 | 110 | 113 | 116 | 119 |
| Orthopaedic Surgery | 138 | 146 | 147 | 164 | 175 |
| Otolaryngology | 54 | 57 | 63 | 63 | 68 |
| Paediatrics | 247 | 256 | 268 | 303 | 326 |
| Physical Medicine & Rehabilitation | 30 | 32 | 34 | 41 | 44 |
| Plastic Surgery | 51 | 53 | 55 | 54 | 62 |
| Psychiatry | 396 | 407 | 423 | 450 | 473 |
| Urology | 47 | 46 | 48 | 47 | 52 |
| Laboratory Specialists | 313 | 335 | 348 | 350 | 360 |
| - Pathology | 19 | 21 | 19 | 12 | 12 |
| - Radiology | 294 | 314 | 329 | 338 | 348 |

*Note: This table reflects fee-for-service data only.*

*(1) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

## Table 2.10A
## Distribution of Average Gross Payments
## for the Service Years Ended March 31, 2010 to March 31, 2014 (1)

| Physicians by Specialty | Average Payment | | | | |
|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| **Total: All Physicians** | $329,096 | $341,462 | $349,274 | $350,216 | $358,825 |
| **Subtotal:** | | | | | |
| All Physicians (except Pathology) | 328,988 | 341,444 | 349,111 | 349,696 | 358,261 |
| All Specialists (except GP/FPs & Pathology) | 411,328 | 432,414 | 443,323 | 443,711 | 459,138 |
| **Physicians by Specialty** | | | | | |
| Anaesthesiology | 330,478 | 345,311 | 344,431 | 351,140 | 368,653 |
| Cardiovascular and Thoracic Surgery | 584,110 | 595,545 | 642,949 | 591,802 | 603,635 |
| Dermatology | 726,838 | 698,525 | 733,252 | 744,914 | 805,226 |
| Emergency Medicine | 258,072 | 256,949 | 271,454 | 272,883 | 280,771 |
| General/Family Physicians (GP/FPs) | 264,240 | 270,211 | 274,624 | 274,778 | 277,221 |
| - General/Family Physicians | 263,135 | 269,068 | 272,596 | 272,375 | 273,991 |
| - Full-Time Emergency Room Physicians | 294,572 | 305,242 | 319,825 | 322,533 | 340,502 |
| - Mental Health Generalists | 283,483 | 284,211 | 331,156 | 350,899 | 388,254 |
| - Other General Practice Physicians (2) | 88,973 | 70,140 | 80,536 | 79,366 | 66,941 |
| General Surgery | 414,878 | 434,080 | 437,777 | 439,316 | 445,411 |
| - General Surgery designated specialty | 415,714 | 434,554 | 440,385 | 439,877 | 443,716 |
| - Other General Surgery | 405,680 | 429,104 | 412,424 | 433,793 | 462,951 |
| Internal Medicine | 360,242 | 391,641 | 402,655 | 407,421 | 420,892 |
| - Internal Medicine designated specialty | 311,275 | 331,938 | 333,082 | 336,758 | 357,855 |
| - Cardiology | 628,161 | 662,653 | 758,117 | 722,607 | 724,437 |
| - Endocrinology/Metabolism | | | | 171,285 | 184,730 |
| - Gastroenterology | 374,530 | 391,377 | 445,780 | 434,092 | 426,108 |
| - Infectious Diseases | 83,434 | 111,520 | 91,166 | 104,420 | 132,192 |
| - Other Internal Medicine | 337,727 | 386,159 | 388,407 | 415,633 | 406,020 |
| Neurology | 266,795 | 232,845 | 260,971 | 259,296 | 259,531 |
| Neurosurgery | | | | 43,762 | 58,631 |
| Obstetrics-Gynaecology | 440,808 | 455,566 | 449,182 | 471,021 | 459,509 |
| Ophthalmology | 761,752 | 876,508 | 956,283 | 984,186 | 1,045,113 |
| Orthopaedic Surgery | 401,436 | 415,023 | 439,891 | 407,587 | 407,694 |
| Otolaryngology | 498,270 | 517,784 | 510,312 | 548,998 | 539,892 |
| Paediatrics | 207,409 | 220,857 | 228,703 | 220,355 | 228,694 |
| Physical Medicine & Rehabilitation | 249,562 | 288,638 | 299,788 | 328,849 | 356,922 |
| Plastic Surgery | 409,521 | 414,089 | 433,523 | 442,216 | 420,019 |
| Psychiatry | 289,402 | 300,836 | 301,440 | 295,344 | 307,941 |
| Urology | 493,619 | 528,645 | 564,097 | 608,251 | 575,376 |
| Laboratory Specialists | 786,935 | 798,845 | 825,993 | 862,971 | 937,252 |
| - Pathology | 365,913 | 347,516 | 409,293 | 669,257 | 722,185 |
| - Radiology | 814,144 | 829,030 | 850,058 | 869,849 | 944,668 |

*Note: This table reflects fee-for-service data only.*

*Continued...*

*(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.*

*(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

## Table 2.10A
## Distribution of Average Gross Payments Percentage Change for the Service Years Ended March 31, 2010 to March 31, 2014 (1)

| Physicians by Specialty | Percentage Change | | | |
|---|---|---|---|---|
| | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| **Total: All Physicians** | 3.76% | 2.29% | 0.27% | 2.46% |
| **Subtotal:** | | | | |
| All Physicians (except Pathology) | 3.79 | 2.25 | 0.17 | 2.45 |
| All Specialists (except GP/FPs & Pathology) | 5.13 | 2.52 | 0.09 | 3.48 |
| **Physicians by Specialty** | | | | |
| Anaesthesiology | 4.49 | (0.25) | 1.95 | 4.99 |
| Cardiovascular and Thoracic Surgery | 1.96 | 7.96 | (7.96) | 2.00 |
| Dermatology | (3.90) | 4.97 | 1.59 | 8.10 |
| Emergency Medicine | (0.43) | 5.64 | 0.53 | 2.89 |
| General/Family Physicians (GP/FPs) | 2.26 | 1.63 | 0.06 | 0.89 |
| - General/Family Physicians | 2.25 | 1.31 | (0.08) | 0.59 |
| - Full-Time Emergency Room Physicians | 3.62 | 4.78 | 0.85 | 5.57 |
| - Mental Health Generalists | 0.26 | 16.52 | 5.96 | 10.65 |
| - Other General Practice Physicians (2) | (21.17) | 14.82 | (1.45) | (15.65) |
| General Surgery | 4.63 | 0.85 | 0.35 | 1.39 |
| - General Surgery designated specialty | 4.53 | 1.34 | (0.12) | 0.87 |
| - Other General Surgery | 5.77 | (3.89) | 5.18 | 6.72 |
| Internal Medicine | 8.72 | 2.81 | 1.18 | 3.31 |
| - Internal Medicine designated specialty | 6.64 | 0.34 | 1.10 | 6.26 |
| - Cardiology | 5.49 | 14.41 | (4.68) | 0.25 |
| - Endocrinology/Metabolism | N/A | N/A | N/A | N/A |
| - Gastroenterology | 4.50 | 13.90 | (2.62) | (1.84) |
| - Infectious Diseases | 33.66 | (18.25) | 14.54 | 26.60 |
| - Other Internal Medicine | 14.34 | 0.58 | 7.01 | (2.31) |
| Neurology | (12.72) | 12.08 | (0.64) | 0.09 |
| Neurosurgery | N/A | N/A | N/A | N/A |
| Obstetrics-Gynaecology | 3.35 | (1.40) | 4.86 | (2.44) |
| Ophthalmology | 15.06 | 9.10 | 2.92 | 6.19 |
| Orthopaedic Surgery | 3.38 | 5.99 | (7.34) | 0.03 |
| Otolaryngology | 3.92 | (1.44) | 7.58 | (1.66) |
| Paediatrics | 6.48 | 3.55 | (3.65) | 3.78 |
| Physical Medicine & Rehabilitation | 15.66 | 3.86 | 9.69 | 8.54 |
| Plastic Surgery | 1.12 | 4.69 | 2.00 | (5.02) |
| Psychiatry | 3.95 | 0.20 | (2.02) | 4.27 |
| Urology | 7.10 | 6.71 | 7.83 | (5.40) |
| Laboratory Specialists | 1.51 | 3.40 | 4.48 | 8.61 |
| - Pathology | (5.03) | 17.78 | 63.52 | 7.91 |
| - Radiology | 1.83 | 2.54 | 2.33 | 8.60 |

*Note: This table reflects fee-for-service data only.*

*(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.*

*(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

## Table 2.10B
## Distribution of Median Gross Payments for the Service Years Ended March 31, 2010 to March 31, 2014 (1)

| Physicians by Specialty | Median Payment | | | | |
|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| **Total: All Physicians** | $271,762 | $279,360 | $282,214 | $281,546 | $284,604 |
| **Subtotal:** | | | | | |
| All Physicians (except Pathology) | 272,314 | 279,713 | 282,744 | 281,908 | 285,199 |
| All Specialists (except GP/FPs & Pathology) | 335,865 | 348,726 | 355,076 | 349,081 | 353,761 |
| **Physicians by Specialty** | | | | | |
| Anaesthesiology | 339,985 | 351,985 | 349,260 | 348,581 | 372,361 |
| Cardiovascular and Thoracic Surgery | 576,054 | 612,913 | 638,480 | 620,407 | 693,964 |
| Dermatology | 632,953 | 546,269 | 628,701 | 648,029 | 688,846 |
| Emergency Medicine | 245,450 | 257,156 | 269,863 | 271,116 | 280,595 |
| General/Family Physicians (GP/FPs) | 243,612 | 248,886 | 250,540 | 249,160 | 246,988 |
| - General/Family Physicians | 241,921 | 245,518 | 247,108 | 243,077 | 242,045 |
| - Full-Time Emergency Room Physicians | 283,583 | 293,306 | 301,251 | 307,339 | 327,164 |
| - Mental Health Generalists | 288,780 | 282,730 | 368,126 | 365,580 | 411,934 |
| - Other General Practice Physicians (2) | 30,620 | 15,309 | 23,416 | 30,333 | 16,961 |
| General Surgery | 417,476 | 453,766 | 457,597 | 458,904 | 442,229 |
| - General Surgery designated specialty | 418,591 | 453,766 | 456,016 | 454,401 | 440,031 |
| - Other General Surgery | 398,701 | 465,709 | 498,157 | 471,902 | 533,880 |
| Internal Medicine | 287,535 | 312,188 | 334,956 | 340,975 | 340,250 |
| - Internal Medicine designated specialty | 272,641 | 290,544 | 287,781 | 258,497 | 309,268 |
| - Cardiology | 557,781 | 599,140 | 694,939 | 694,280 | 698,930 |
| - Endocrinology/Metabolism | | | | 94 | 146,883 |
| - Gastroenterology | 325,366 | 298,298 | 469,210 | 466,193 | 417,286 |
| - Infectious Diseases | 68,576 | 84,324 | 68,643 | 69,631 | 113,364 |
| - Other Internal Medicine | 214,700 | 284,044 | 304,843 | 338,265 | 304,183 |
| Neurology | 258,163 | 125,198 | 287,452 | 242,163 | 244,297 |
| Neurosurgery | | | | 7,208 | 13,455 |
| Obstetrics-Gynaecology | 373,412 | 386,851 | 376,841 | 408,082 | 375,705 |
| Ophthalmology | 651,924 | 741,625 | 834,273 | 787,018 | 783,833 |
| Orthopaedic Surgery | 438,377 | 445,463 | 476,919 | 457,840 | 441,849 |
| Otolaryngology | 459,689 | 544,899 | 560,535 | 566,072 | 555,012 |
| Paediatrics | 138,493 | 155,873 | 160,250 | 167,328 | 167,043 |
| Physical Medicine & Rehabilitation | 210,268 | 225,811 | 226,356 | 296,260 | 331,405 |
| Plastic Surgery | 438,120 | 400,702 | 443,899 | 443,461 | 412,877 |
| Psychiatry | 265,201 | 277,779 | 274,895 | 266,840 | 281,209 |
| Urology | 514,515 | 519,623 | 553,707 | 583,421 | 571,993 |
| Laboratory Specialists | 641,984 | 668,406 | 628,067 | 646,349 | 723,441 |
| - Pathology | 5,357 | 2,535 | 1,331 | 2,417 | 4,610 |
| - Radiology | 684,173 | 710,966 | 679,816 | 674,999 | 740,212 |

*Note: This table reflects fee-for-service data only.*

*Continued...*

*(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.*

*(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

## Table 2.10B

## Distribution of Median Gross Payments Percentage Change for the Service Years Ended March 31, 2010 to March 31, 2014 (1)

| Physicians by Specialty | Percentage Change | | | |
|---|---|---|---|---|
| | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| **Total: All Physicians** | 2.80% | 1.02% | -0.24% | 1.09% |
| **Subtotal:** | | | | |
| All Physicians (except Pathology) | 2.72 | 1.08 | (0.30) | 1.17 |
| All Specialists (except GP/FPs & Pathology) | 3.83 | 1.82 | (1.69) | 1.34 |
| **Physicians by Specialty** | | | | |
| Anaesthesiology | 3.53 | (0.77) | (0.19) | 6.82 |
| Cardiovascular and Thoracic Surgery | 6.40 | 4.17 | (2.83) | 11.86 |
| Dermatology | (13.70) | 15.09 | 3.07 | 6.30 |
| Emergency Medicine | 4.77 | 4.94 | 0.46 | 3.50 |
| General/Family Physicians (GP/FPs) | 2.16 | 0.66 | (0.55) | (0.87) |
| - General/Family Physicians | 1.49 | 0.65 | (1.63) | (0.42) |
| - Full-Time Emergency Room Physicians | 3.43 | 2.71 | 2.02 | 6.45 |
| - Mental Health Generalists | (2.10) | 30.20 | (0.69) | 12.68 |
| - Other General Practice Physicians (2) | (50.00) | 52.96 | 29.54 | (44.09) |
| General Surgery | 8.69 | 0.84 | 0.29 | (3.63) |
| - General Surgery designated specialty | 8.40 | 0.50 | (0.35) | (3.16) |
| - Other General Surgery | 16.81 | 6.97 | (5.27) | 13.13 |
| Internal Medicine | 8.57 | 7.29 | 1.80 | (0.21) |
| - Internal Medicine designated specialty | 6.57 | (0.95) | (10.18) | 19.64 |
| - Cardiology | 7.41 | 15.99 | (0.09) | 0.67 |
| - Endocrinology/Metabolism | N/A | N/A | N/A | N/A |
| - Gastroenterology | (8.32) | 57.30 | (0.64) | (10.49) |
| - Infectious Diseases | 22.97 | (18.60) | 1.44 | 62.81 |
| - Other Internal Medicine | 32.30 | 7.32 | 10.96 | (10.08) |
| Neurology | (51.50) | 129.60 | (15.76) | 0.88 |
| Neurosurgery | N/A | N/A | N/A | N/A |
| Obstetrics-Gynaecology | 3.60 | (2.59) | 8.29 | (7.93) |
| Ophthalmology | 13.76 | 12.49 | (5.66) | (0.40) |
| Orthopaedic Surgery | 1.62 | 7.06 | (4.00) | (3.49) |
| Otolaryngology | 18.54 | 2.87 | 0.99 | (1.95) |
| Paediatrics | 12.55 | 2.81 | 4.42 | (0.17) |
| Physical Medicine & Rehabilitation | 7.39 | 0.24 | 30.88 | 11.86 |
| Plastic Surgery | (8.54) | 10.78 | (0.10) | (6.90) |
| Psychiatry | 4.74 | (1.04) | (2.93) | 5.38 |
| Urology | 0.99 | 6.56 | 5.37 | (1.96) |
| Laboratory Specialists | 4.12 | (6.04) | 2.91 | 11.93 |
| - Pathology | (52.67) | (47.48) | 81.52 | 90.75 |
| - Radiology | 3.92 | (4.38) | (0.71) | 9.66 |

*Note: This table reflects fee-for-service data only.*

*(1) The average payments and percentage change for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternate Relationship Plans rather than through fee-for-service claims. Due to the change in payment method, average and median payments for these specialties have not been provided.*

*(2) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

## Table 2.11

## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Dollar Range | All Physicians | | All Physicians (except Pathology) | | All Specialties (except General/Family Physicians and Pathology) | | Anaesthesiology | |
|---|---|---|---|---|---|---|---|---|
| | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| Less than $10,000 | $1,357,561 | 447 | $1,339,982 | 440 | $622,098 | 258 | $23,396 | 3 |
| 10,000 - 19,999 | 2,592,889 | 179 | 2,592,889 | 179 | 1,033,210 | 72 | 71,730 | 5 |
| 20,000 - 39,999 | 7,365,735 | 243 | 7,365,735 | 243 | 2,309,356 | 78 | 269,049 | 9 |
| 40,000 - 59,999 | 11,943,181 | 241 | 11,943,181 | 241 | 4,937,609 | 100 | 279,257 | 6 |
| 60,000 - 79,999 | 14,808,403 | 211 | 14,808,403 | 211 | 5,357,935 | 76 | 559,849 | 8 |
| 80,000 - 99,999 | 20,894,522 | 233 | 20,894,522 | 233 | 7,879,757 | 88 | 630,527 | 7 |
| 100,000 - 119,999 | 25,765,145 | 234 | 25,765,145 | 234 | 8,959,011 | 81 | 749,051 | 7 |
| 120,000 - 139,999 | 31,176,905 | 239 | 30,916,603 | 237 | 8,402,846 | 65 | 650,734 | 5 |
| 140,000 - 159,999 | 38,572,949 | 256 | 38,572,949 | 256 | 12,061,281 | 80 | 733,499 | 5 |
| 160,000 - 179,999 | 40,306,615 | 237 | 40,306,615 | 237 | 12,575,684 | 74 | 1,715,834 | 10 |
| 180,000 - 199,999 | 46,997,727 | 247 | 46,997,727 | 247 | 14,871,486 | 78 | 1,712,163 | 9 |
| 200,000 - 299,999 | 326,543,510 | 1,304 | 326,543,510 | 1,304 | 105,799,734 | 419 | 18,681,979 | 73 |
| 300,000 - 399,999 | 406,905,325 | 1,169 | 406,905,325 | 1,169 | 148,239,830 | 426 | 28,593,143 | 81 |
| 400,000 - 499,999 | 378,599,933 | 847 | 378,190,939 | 846 | 186,034,356 | 416 | 40,304,734 | 90 |
| 500,000 - 599,999 | 303,558,384 | 558 | 303,558,384 | 558 | 170,963,383 | 313 | 27,927,365 | 51 |
| 600,000 - 699,999 | 221,847,922 | 344 | 221,847,922 | 344 | 144,275,296 | 224 | 9,688,509 | 15 |
| 700,000 - 799,999 | 150,507,972 | 202 | 150,507,972 | 202 | 105,963,506 | 142 | 3,742,497 | 5 |
| 800,000 - 899,999 | 105,482,041 | 124 | 105,482,041 | 124 | 73,337,044 | 86 | 6,812,052 | 8 |
| 900,000 - 999,999 | 84,269,895 | 89 | 84,269,895 | 89 | 69,233,382 | 73 | | |
| 1,000,000 - 1,999,999 | 374,210,984 | 274 | 374,210,984 | 274 | 324,865,621 | 233 | 4,315,780 | 3 |
| 2,000,000 & Over | 184,675,284 | 65 | 176,695,934 | 63 | 173,549,605 | 62 | | |
| **Total** | $2,778,382,882 | 7,743 | $2,769,716,656 | 7,731 | $1,581,272,028 | 3,444 | $147,461,146 | 400 |

*Note: This table reflects fee-for-service data only.*

*Continued…*

*(1) A blank cell represents a zero value.*

*(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.*

## Table 2.11

## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Dollar Range | Cardiovascular and Thoracic Surgery | | Dermatology | | Emergency Medicine | | All General/Family Physicians | |
|---|---|---|---|---|---|---|---|---|
| | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| Less than $10,000 | $3,879 | 1 | $48 | 1 | $19,349 | 4 | $717,884 | 182 |
| 10,000 - 19,999 | | | | | 34,933 | 2 | 1,559,680 | 107 |
| 20,000 - 39,999 | | | | | 158,717 | 5 | 5,056,379 | 165 |
| 40,000 - 59,999 | | | | | | | 7,005,572 | 141 |
| 60,000 - 79,999 | 76,975 | 1 | 70,262 | 1 | 71,290 | 1 | 9,450,469 | 135 |
| 80,000 - 99,999 | | | 81,787 | 1 | 538,811 | 6 | 13,014,766 | 145 |
| 100,000 - 119,999 | 115,183 | 1 | 238,978 | 2 | 331,111 | 3 | 16,806,134 | 153 |
| 120,000 - 139,999 | | | | | 120,486 | 1 | 22,513,757 | 172 |
| 140,000 - 159,999 | | | | | 761,771 | 5 | 26,511,668 | 176 |
| 160,000 - 179,999 | 178,443 | 1 | | | 1,216,052 | 7 | 27,730,932 | 163 |
| 180,000 - 199,999 | | | 189,788 | 1 | 1,140,778 | 6 | 32,126,241 | 169 |
| 200,000 - 299,999 | 545,428 | 2 | 293,181 | 1 | 7,512,504 | 30 | 220,743,776 | 885 |
| 300,000 - 399,999 | 681,106 | 2 | 1,101,577 | 3 | 12,257,985 | 35 | 258,665,496 | 743 |
| 400,000 - 499,999 | 1,277,124 | 3 | 1,793,550 | 4 | 8,639,058 | 20 | 192,156,583 | 430 |
| 500,000 - 599,999 | | | 2,827,318 | 5 | 1,131,397 | 2 | 132,595,000 | 245 |
| 600,000 - 699,999 | 1,378,628 | 2 | 2,576,627 | 4 | 1,225,717 | 2 | 77,572,626 | 120 |
| 700,000 - 799,999 | 4,523,724 | 6 | 2,224,488 | 3 | 779,226 | 1 | 44,544,466 | 60 |
| 800,000 - 899,999 | 861,208 | 1 | 4,339,997 | 5 | 841,782 | 1 | 32,144,997 | 38 |
| 900,000 - 999,999 | 1,851,253 | 2 | 2,802,048 | 3 | | | 15,036,513 | 16 |
| 1,000,000 - 1,999,999 | 3,597,923 | 3 | 9,349,881 | 7 | | | 49,345,362 | 41 |
| 2,000,000 & Over | | | 8,345,662 | 4 | | | 3,146,329 | 1 |
| **Total** | $15,090,874 | 25 | $36,235,192 | 45 | $36,780,968 | 131 | $1,188,444,628 | 4,287 |

*Note: This table reflects fee-for-service data only.*

*Continued…*

*(1) A blank cell represents a zero value.*

*(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.*

## Table 2.11

## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Dollar Range | All General Surgery | | All Internal Medicine | | Neurology | | Neurosurgery | |
|---|---|---|---|---|---|---|---|---|
| | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| Less than $10,000 | $19,809 | 5 | $156,644 | 85 | $14,888 | 17 | $6,531 | 6 |
| 10,000 - 19,999 | 98,750 | 7 | 363,557 | 26 | 15,538 | 1 | 24,241 | 2 |
| 20,000 - 39,999 | 69,819 | 2 | 602,123 | 19 | 24,271 | 1 | 25,010 | 1 |
| 40,000 - 59,999 | 360,625 | 7 | 1,341,330 | 27 | 97,956 | 2 | 99,431 | 2 |
| 60,000 - 79,999 | 290,554 | 4 | 1,261,088 | 18 | | | | |
| 80,000 - 99,999 | 366,281 | 4 | 2,202,207 | 25 | 186,566 | 2 | | |
| 100,000 - 119,999 | 337,046 | 3 | 1,866,211 | 17 | 227,978 | 2 | 100,612 | 1 |
| 120,000 - 139,999 | 380,354 | 3 | 1,704,262 | 13 | 122,506 | 1 | | |
| 140,000 - 159,999 | 463,578 | 3 | 1,647,132 | 11 | | | | |
| 160,000 - 179,999 | 166,550 | 1 | 1,858,340 | 11 | | | 337,142 | 2 |
| 180,000 - 199,999 | 195,844 | 1 | 2,703,799 | 14 | 184,378 | 1 | | |
| 200,000 - 299,999 | 5,303,811 | 21 | 16,164,106 | 65 | 1,728,112 | 7 | 286,497 | 1 |
| 300,000 - 399,999 | 7,081,679 | 20 | 19,316,354 | 55 | 2,293,804 | 7 | | |
| 400,000 - 499,999 | 11,065,234 | 25 | 33,972,895 | 76 | 3,679,978 | 8 | | |
| 500,000 - 599,999 | 18,002,487 | 33 | 32,149,180 | 59 | 2,171,914 | 4 | | |
| 600,000 - 699,999 | 16,548,701 | 26 | 28,346,747 | 44 | 2,522,126 | 4 | | |
| 700,000 - 799,999 | 7,411,518 | 10 | 24,650,403 | 33 | 1,462,425 | 2 | | |
| 800,000 - 899,999 | 5,891,940 | 7 | 14,485,772 | 17 | 839,426 | 1 | | |
| 900,000 - 999,999 | 5,658,203 | 6 | 21,837,220 | 23 | | | | |
| 1,000,000 - 1,999,999 | 6,251,475 | 5 | 76,566,779 | 57 | | | | |
| 2,000,000 & Over | | | 11,007,182 | 4 | | | | |
| **Total** | $85,964,257 | 193 | $294,203,329 | 699 | $15,571,864 | 60 | $879,463 | 15 |

*Note: This table reflects fee-for-service data only.*

*Continued…*

*(1) A blank cell represents a zero value.*

*(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.*

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Dollar Range | Obstetrics-Gynaecology | | Ophthalmology | | Orthopaedic Surgery | | Otolaryngology | |
|---|---|---|---|---|---|---|---|---|
| | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| Less than $10,000 | $36,973 | 16 | $4,831 | 2 | $25,978 | 6 | | |
| 10,000 - 19,999 | 76,786 | 5 | 26,192 | 2 | 58,530 | 4 | 11,284 | 1 |
| 20,000 - 39,999 | 57,685 | 2 | | | 160,248 | 5 | | |
| 40,000 - 59,999 | 161,713 | 3 | 150,675 | 3 | 392,990 | 8 | 145,242 | 3 |
| 60,000 - 79,999 | 546,020 | 8 | 76,769 | 1 | 217,810 | 3 | | |
| 80,000 - 99,999 | 350,689 | 4 | 92,978 | 1 | 351,382 | 4 | 265,456 | 3 |
| 100,000 - 119,999 | 102,804 | 1 | 219,503 | 2 | 890,743 | 8 | 212,082 | 2 |
| 120,000 - 139,999 | 396,722 | 3 | | | 384,264 | 3 | | |
| 140,000 - 159,999 | 747,654 | 5 | 745,857 | 5 | 785,777 | 5 | 143,275 | 1 |
| 160,000 - 179,999 | 492,560 | 3 | 493,871 | 3 | 337,254 | 2 | 515,579 | 3 |
| 180,000 - 199,999 | 954,356 | 5 | 188,265 | 1 | 788,691 | 4 | 760,687 | 4 |
| 200,000 - 299,999 | 6,909,998 | 27 | 1,135,728 | 5 | 2,827,666 | 11 | 803,176 | 3 |
| 300,000 - 399,999 | 9,681,040 | 28 | 2,774,010 | 8 | 4,427,619 | 13 | 1,388,704 | 4 |
| 400,000 - 499,999 | 8,530,252 | 19 | 2,142,081 | 5 | 12,680,793 | 28 | 1,814,569 | 4 |
| 500,000 - 599,999 | 13,725,950 | 25 | 4,770,807 | 9 | 14,723,173 | 27 | 4,875,607 | 9 |
| 600,000 - 699,999 | 11,457,757 | 18 | 4,584,797 | 7 | 15,451,320 | 24 | 4,541,777 | 7 |
| 700,000 - 799,999 | 7,534,471 | 10 | 5,288,209 | 7 | 9,646,358 | 13 | 6,572,306 | 9 |
| 800,000 - 899,999 | 5,156,025 | 6 | 5,894,763 | 7 | 2,517,080 | 3 | 5,930,049 | 7 |
| 900,000 - 999,999 | 4,684,997 | 5 | 3,735,627 | 4 | 1,892,184 | 2 | 3,848,581 | 4 |
| 1,000,000 - 1,999,999 | 19,908,660 | 14 | 42,555,438 | 30 | 2,786,584 | 2 | 4,884,282 | 4 |
| 2,000,000 & Over | 4,524,306 | 2 | 49,488,072 | 17 | | | | |
| **Total** | $96,037,417 | 209 | $124,368,472 | 119 | $71,346,444 | 175 | $36,712,657 | 68 |

*Note: This table reflects fee-for-service data only.*

*Continued...*

*(1) A blank cell represents a zero value.*

*(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.*

# Table 2.11

## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Dollar Range | Paediatrics | | Physical Medicine and Rehabilitation | | Plastic Surgery | | All Psychiatry | |
|---|---|---|---|---|---|---|---|---|
| | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| Less than $10,000 | $193,422 | 78 | $2,656 | 2 | $14,313 | 2 | $25,405 | 8 |
| 10,000 - 19,999 | 93,509 | 7 | | | 12,232 | 1 | 93,829 | 6 |
| 20,000 - 39,999 | 317,642 | 11 | | | 25,154 | 1 | 228,811 | 9 |
| 40,000 - 59,999 | 565,191 | 12 | 151,560 | 3 | 100,537 | 2 | 697,164 | 14 |
| 60,000 - 79,999 | 556,163 | 8 | 122,491 | 2 | | | 933,044 | 13 |
| 80,000 - 99,999 | 804,179 | 9 | 365,284 | 4 | | | 1,362,768 | 15 |
| 100,000 - 119,999 | 1,434,881 | 13 | | | 211,318 | 2 | 1,690,001 | 15 |
| 120,000 - 139,999 | 1,156,600 | 9 | | | 272,529 | 2 | 2,328,202 | 18 |
| 140,000 - 159,999 | 1,838,306 | 12 | 142,374 | 1 | | | 3,453,487 | 23 |
| 160,000 - 179,999 | 1,862,002 | 11 | | | 340,454 | 2 | 2,892,142 | 17 |
| 180,000 - 199,999 | 1,705,404 | 9 | 182,557 | 1 | | | 3,396,653 | 18 |
| 200,000 - 299,999 | 10,620,513 | 41 | 1,675,084 | 7 | 2,048,210 | 8 | 24,024,362 | 96 |
| 300,000 - 399,999 | 13,229,727 | 39 | 2,402,377 | 7 | 3,406,152 | 10 | 29,585,343 | 85 |
| 400,000 - 499,999 | 10,315,990 | 23 | 1,429,145 | 3 | 5,836,754 | 13 | 29,143,498 | 65 |
| 500,000 - 599,999 | 11,068,686 | 20 | 4,281,464 | 8 | 2,160,919 | 4 | 18,884,510 | 35 |
| 600,000 - 699,999 | 10,479,918 | 16 | 1,285,085 | 2 | 5,296,250 | 8 | 11,431,574 | 18 |
| 700,000 - 799,999 | 1,476,170 | 2 | 1,535,254 | 2 | 1,458,815 | 2 | 7,267,287 | 10 |
| 800,000 - 899,999 | 887,254 | 1 | | | 1,720,557 | 2 | 1,649,632 | 2 |
| 900,000 - 999,999 | 922,539 | 1 | 981,368 | 1 | 906,853 | 1 | 1,928,583 | 2 |
| 1,000,000 - 1,999,999 | 5,026,211 | 4 | 1,147,877 | 1 | 2,230,133 | 2 | 4,639,623 | 4 |
| 2,000,000 & Over | | | | | | | | |
| **Total** | $74,554,309 | 326 | $15,704,577 | 44 | $26,041,179 | 62 | $145,655,918 | 473 |

*Note: This table reflects fee-for-service data only.*

*Continued…*

*(1) A blank cell represents a zero value.*

*(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.*

## Table 2.11
## Distribution of Gross Payments by Payment Range and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Dollar Range | Urology | | Pathology | | Radiology | |
|---|---|---|---|---|---|---|
| | Payments | Number of Physicians | Payments | Number of Physicians | Payments | Number of Physicians |
| Less than $10,000 | $9,707 | 2 | $17,579 | 7 | $64,270 | 20 |
| 10,000 - 19,999 | | | | | 52,099 | 3 |
| 20,000 - 39,999 | 28,564 | 1 | | | 342,264 | 12 |
| 40,000 - 59,999 | | | | | 393,940 | 8 |
| 60,000 - 79,999 | 74,649 | 1 | | | 500,969 | 7 |
| 80,000 - 99,999 | | | | | 280,841 | 3 |
| 100,000 - 119,999 | | | | | 231,511 | 2 |
| 120,000 - 139,999 | 124,461 | 1 | 260,302 | 2 | 761,726 | 6 |
| 140,000 - 159,999 | 143,632 | 1 | | | 454,938 | 3 |
| 160,000 - 179,999 | | | | | 169,460 | 1 |
| 180,000 - 199,999 | 198,975 | 1 | | | 569,149 | 3 |
| 200,000 - 299,999 | 809,456 | 3 | | | 4,429,923 | 18 |
| 300,000 - 399,999 | 1,840,382 | 5 | | | 8,178,828 | 24 |
| 400,000 - 499,999 | 3,656,676 | 8 | 408,995 | 1 | 9,752,024 | 22 |
| 500,000 - 599,999 | 3,394,765 | 6 | | | 8,867,843 | 16 |
| 600,000 - 699,999 | 5,068,400 | 8 | | | 12,391,362 | 19 |
| 700,000 - 799,999 | 3,799,393 | 5 | | | 16,590,963 | 22 |
| 800,000 - 899,999 | 2,565,614 | 3 | | | 12,943,893 | 15 |
| 900,000 - 999,999 | 3,934,675 | 4 | | | 14,249,251 | 15 |
| 1,000,000 - 1,999,999 | 4,270,197 | 3 | | | 137,334,779 | 94 |
| 2,000,000 & Over | | | 7,979,350 | 2 | 100,184,382 | 35 |
| **Total** | $29,919,547 | 52 | $8,666,226 | 12 | $328,744,415 | 348 |

*Note: This table reflects fee-for-service data only.*

*(1) A blank cell represents a zero value.*

*(2) These statistics cannot be used as an accurate measure of a physician's income, because they do not include other sources of income. The figures quoted are payments from which physicians pay business expenses, such as office and staff expenses.*

## Table 2.12

## Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2013 to March 31, 2014 [1]

| Physicians by Specialty | Number of Physicians | Number of Full-Time Equivalent Physicians [2] | Proportion of Full-Time Equivalent Physicians | | Average Payment per Full-Time Equivalent Physician | Number of Registered Persons per Full-Time Equivalent Physician |
|---|---|---|---|---|---|---|
| | | | Above 60th Percentile | Below 40th Percentile | | |
| All Physicians (except Laboratory) [3] | 7,379 | 6,454.6 | 33.1 | 49.6 | $378,059 | 655 |
| All Specialists (except GP/FPs & Laboratory) | 3,092 | 2,625.5 | 32.0 | 51.1 | 476,776 | 1,610 |
| **Physicians by Specialty** | | | | | | |
| Anaesthesiology | 400 | 355.4 | 34.3 | 47.8 | 414,938 | 11,897 |
| Cardiovascular and Thoracic Surgery | 25 | 19.7 | 28.0 | 52.0 | 765,187 | 214,388 |
| Dermatology | 45 | 43.2 | 35.6 | 42.2 | 837,822 | 97,762 |
| Emergency Medicine | 131 | 113.4 | 31.3 | 47.3 | 324,321 | 37,282 |
| General/Family Physicians (GP/FPs) | 4,287 | 3,746.2 | 33.7 | 48.8 | 317,241 | 1,129 |
| - General/Family Physicians | 4,017 | 3,510.5 | 33.6 | 48.9 | 313,522 | 1,204 |
| - Full-Time Emergency Room Physicians | 235 | 225.1 | 35.7 | 45.1 | 355,430 | 18,781 |
| - Mental Health Generalists | 17 | 14.7 | 35.3 | 47.1 | 447,975 | 286,970 |
| - Other General Practice Physicians [4] | 18 | 16.5 | 27.8 | 61.1 | 72,906 | 255,827 |
| General Surgery | 193 | 163.2 | 33.7 | 48.2 | 526,784 | 25,910 |
| - General Surgery designated specialty | 176 | 147.8 | 33.5 | 48.9 | 528,436 | 28,610 |
| - Other General Surgery | 17 | 15.4 | 35.3 | 41.2 | 512,049 | 275,090 |
| Internal Medicine | 695 | 528.2 | 28.6 | 56.3 | 555,626 | 8,005 |
| - Internal Medicine designated specialty | 312 | 232.1 | 27.9 | 57.4 | 481,133 | 18,220 |
| - Cardiology | 94 | 75.6 | 31.9 | 50.0 | 900,172 | 55,891 |
| - Gastroenterology | 65 | 40.0 | 23.1 | 63.1 | 691,981 | 105,635 |
| - Infectious Diseases | 18 | 13.5 | 27.8 | 55.6 | 176,044 | 312,816 |
| - Other Internal Medicine | 206 | 156.9 | 29.1 | 54.9 | 533,058 | 26,947 |
| Neurology | 60 | 36.3 | 23.3 | 65.0 | 429,278 | 116,559 |
| Neurosurgery | 15 | 10.0 | 26.7 | 66.7 | 87,819 | 422,198 |
| Obstetrics-Gynaecology | 209 | 176.2 | 30.6 | 53.1 | 545,062 | 23,997 |
| Ophthalmology | 119 | 115.1 | 35.3 | 45.4 | 1,080,295 | 36,727 |
| Orthopaedic Surgery | 175 | 137.6 | 33.1 | 49.1 | 518,542 | 30,730 |
| Otolaryngology | 68 | 55.2 | 32.4 | 51.5 | 664,739 | 76,557 |
| Paediatrics | 326 | 228.8 | 27.0 | 57.7 | 325,880 | 18,481 |
| Physical Medicine and Rehabilitation | 44 | 35.6 | 34.1 | 47.7 | 441,545 | 118,877 |
| Plastic Surgery | 62 | 56.2 | 33.9 | 45.2 | 463,064 | 75,185 |
| Psychiatry | 473 | 438.9 | 36.4 | 43.6 | 331,883 | 9,634 |
| Urology | 52 | 47.3 | 34.6 | 48.1 | 632,215 | 89,342 |

## Table 2.12

## Number of Full-Time Equivalent Physicians by Specialty for the Service Year April 1, 2013 to March 31, 2014

*Note: This table reflects fee-for-service data only.*

(1) *The full-time equivalent physician calculations for fee-for-service reflect the fact that some physician specialties are now being paid primarily through Alternative Relationship Plans rather than through fee-for-service claims.*

(2) *Full-Time Equivalent methodology is as follows:*

*Definition of a Full-Time Equivalent Physician is based on the methodology developed in 1984 by Health Canada.*

Step 1 - *Within each specialty or group of specialists, rank the amounts paid in ascending order; the lower and upper benchmarks are the payment values which correspond to the 40th and 60th percentile for those physicians with claims in all four quarters of the fiscal year.*

Step 2 - *Count all physicians with payments within the lower and upper benchmark as one full-time equivalent.*

- *Count all physicians with payments below the lower benchmark as a fraction of a full-time equivalent equal to the ratio of his/her payments to the lower benchmark.*
- *Count all physicians with payments above the upper benchmark using a log-linear relationship, as one full-time equivalent plus the natural logarithm of the ratio of his/her payments to the upper benchmark. The reason for attributing diminishing weight to payments above the upper benchmark is to prevent outliers from seriously biasing the measure. This is not necessary on the lower benchmark because payments less than zero are not recorded and, as such, a natural barrier exists to prevent bias at the lower end.*
- *Since the benchmarks for the calculations of full-time equivalents in past Statistical Supplements are re-calculated based on the payments within each given year, and payments over time are not adjusted for fee changes, the full-time equivalents in this table should not be compared with those released in previous versions of the Statistical Supplement.*

(3) *Laboratory physicians (12 Pathology and 348 Radiology physicians) and 4 Endocrinology/Methabolism physicians are excluded.*

(4) *Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

## Table 2.13
## Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Physicians by Specialty | Total | Consultations | Assessments | |
|---|---|---|---|---|
| | | | Major | Other |
| **Total: All Physicians** | $2,778,382,882 | $291,432,233 | $243,236,594 | $844,094,406 |
| **Subtotal** | | | | |
| All Physicians (except Pathology) | 2,769,716,656 | 291,110,526 | 243,236,594 | 844,075,176 |
| All Specialists (except GP/FPs & Pathology) | 1,581,272,028 | 262,783,933 | 44,264,145 | 159,495,678 |
| Anaesthesiology | 147,461,146 | 6,026,348 | 42,675 | 12,967,942 |
| Cardiovascular and Thoracic Surgery | 15,090,874 | 1,408,458 | 9,664 | 651,840 |
| Dermatology | 36,235,192 | 8,693,560 | 2,635,858 | 4,792,884 |
| Emergency Medicine | 36,780,968 | 2,205,156 | 283,097 | 23,962,681 |
| General/Family Physicians (GP/FPs) | 1,188,444,628 | 28,326,593 | 198,972,450 | 684,579,498 |
| - General/Family Physicians | 1,100,621,319 | 24,508,591 | 198,163,119 | 629,206,736 |
| - Full-Time Emergency Room Physicians | 80,018,045 | 3,552,701 | 598,529 | 54,383,477 |
| - Mental Health Generalists | 6,600,322 | 205,073 | 175,553 | 465,999 |
| - Other General Practice Physicians (3) | 1,204,942 | 60,227 | 35,249 | 523,285 |
| General Surgery | 85,964,257 | 24,858,100 | 106,072 | 6,285,834 |
| - General Surgery designated specialty | 78,094,089 | 22,948,549 | 101,489 | 5,516,500 |
| - Other General Surgery | 7,870,168 | 1,909,551 | 4,583 | 769,334 |
| Internal Medicine | 294,203,329 | 93,594,797 | 5,876,654 | 31,899,458 |
| - Internal Medicine designated specialty | 111,650,777 | 48,779,333 | 3,393,409 | 17,160,292 |
| - Cardiology | 68,097,113 | 15,098,265 | 583,950 | 3,217,248 |
| - Endocrinology/Metabolism | 738,918 | 240,947 | 9,812 | 32,697 |
| - Gastroenterology | 27,697,032 | 11,430,048 | 327,515 | 1,880,463 |
| - Infectious Diseases | 2,379,459 | 1,574,779 | 48,697 | 587,432 |
| - Other Internal Medicine | 83,640,030 | 16,471,424 | 1,513,272 | 9,021,326 |
| Neurology | 15,571,864 | 10,232,678 | 310,645 | 1,517,917 |
| Neurosurgery | 879,463 | 142,846 | 517 | 56,107 |
| Obstetrics-Gynaecology | 96,037,417 | 16,243,836 | 2,521,502 | 19,469,162 |
| Ophthalmology | 124,368,472 | 11,045,693 | 13,121,317 | 8,751,679 |
| Orthopaedic Surgery | 71,346,443 | 14,546,245 | 440,036 | 5,950,326 |
| Otolaryngology | 36,712,657 | 7,673,270 | 297,986 | 2,166,850 |
| Paediatrics | 74,554,309 | 22,240,945 | 14,528,697 | 28,751,850 |
| Physical Medicine and Rehabilitation | 15,704,577 | 5,752,737 | 44,544 | 3,104,770 |
| Plastic Surgery | 26,041,179 | 3,287,936 | 748,348 | 2,129,832 |
| Psychiatry designated specialty | 145,655,918 | 25,537,413 | 2,812,745 | 3,204,113 |
| Urology | 29,919,547 | 7,592,053 | 449,703 | 2,830,517 |
| Laboratory Specialists | 337,410,641 | 2,023,568 | 34,084 | 1,021,147 |
| - Pathology | 8,666,226 | 321,707 | | 19,230 |
| - Radiology | 328,744,415 | 1,701,861 | 34,084 | 1,001,917 |

*Note: This table reflects fee-for-service data only.*

*Continued...*

*(1) The payment totals by specialty have been rounded.*

*(2) A blank cell represents a zero value.*

*(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

## Table 2.13

## Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Physicians by Specialty | Hospital Care Days | Special Calls | Psychotherapy/ Counselling | Major Surgery |
|---|---|---|---|---|
| **Total: All Physicians** | $74,131,422 | $38,873,545 | $167,723,906 | $327,696,684 |
| **Subtotal** | | | | |
| All Physicians (except Pathology) | 74,131,422 | 38,873,545 | 167,723,906 | 327,696,684 |
| All Specialists (except GP/FPs & Pathology) | 37,182,723 | 1,938,763 | 98,968,930 | 299,831,168 |
| Anaesthesiology | 96,275 | 8,276 | 919,915 | 83,876,567 |
| Cardiovascular and Thoracic Surgery | 526,981 | 258 | 323 | 11,838,027 |
| Dermatology | 829 | 837 | 378 | 8,331,758 |
| Emergency Medicine | 411 | 37,206 | 495,776 | 541,269 |
| General/Family Physicians (GP/FPs) | 36,948,699 | 36,934,782 | 68,754,976 | 27,865,517 |
| - General/Family Physicians | 36,918,365 | 36,781,646 | 61,953,433 | 26,450,886 |
| - Full-Time Emergency Room Physicians | 11,717 | 145,644 | 1,017,381 | 1,414,457 |
| - Mental Health Generalists | 18,545 | 1,826 | 5,223,596 | |
| - Other General Practice Physicians (3) | 72 | 5,666 | 560,566 | 173 |
| General Surgery | 1,955,362 | 80,800 | 28,699 | 38,367,627 |
| - General Surgery designated specialty | 1,847,808 | 79,075 | 28,699 | 33,902,531 |
| - Other General Surgery | 107,554 | 1,725 | | 4,465,096 |
| Internal Medicine | 27,865,337 | 312,921 | 120,579 | 8,472,899 |
| - Internal Medicine designated specialty | 20,001,311 | 203,548 | 46,785 | 121,432 |
| - Cardiology | 2,514,884 | 60,385 | 223 | 7,030,643 |
| - Endocrinology/Metabolism | 51 | | | |
| - Gastroenterology | 599,698 | 3,592 | 979 | 23,579 |
| - Infectious Diseases | 122,457 | 3,735 | 54 | |
| - Other Internal Medicine | 4,626,936 | 41,661 | 72,537 | 1,297,246 |
| Neurology | 691,647 | 15,283 | 9,317 | 28,563 |
| Neurosurgery | 1,897 | 94 | 7,499 | 501,613 |
| Obstetrics-Gynaecology | 1,134,743 | 1,183,669 | 50,574 | 12,497,884 |
| Ophthalmology | 4,417 | 189,028 | | 38,511,632 |
| Orthopaedic Surgery | 448,942 | 16,323 | 34,974 | 48,797,675 |
| Otolaryngology | 28,377 | 15,095 | 92 | 11,352,602 |
| Paediatrics | 3,190,105 | 51,615 | 1,261,924 | 199,272 |
| Physical Medicine and Rehabilitation | 1,050,958 | 187 | 993,717 | 7,458 |
| Plastic Surgery | 9,994 | 5,144 | 2,122 | 18,653,095 |
| Psychiatry designated specialty | 1,914 | 4,047 | 95,017,213 | |
| Urology | 174,264 | 17,980 | 25,828 | 13,266,004 |
| Laboratory Specialists | 271 | | | 4,587,222 |
| - Pathology | | | | |
| - Radiology | 271 | | | 4,587,222 |

*Note: This table reflects fee-for-service data only.*

*Continued...*

*(1) The payment totals by specialty have been rounded.*

*(2) A blank cell represents a zero value.*

*(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

## Table 2.13

## Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1) (2) (4)

| Physicians by Specialty | Minor Surgery | Anaesthesia | Obstetrical Services | Diagnostic & Therapeutic Services - Radiology |
|---|---|---|---|---|
| **Total: All Physicians** | $25,361,179 | $32,147,427 | $47,655,947 | $313,867,940 |
| **Subtotal** | | | | |
| All Physicians (except Pathology) | 25,361,179 | 32,147,427 | 47,655,947 | 313,867,940 |
| All Specialists (except GP/FPs & Pathology) | 11,004,307 | 26,607,884 | 30,696,457 | 313,329,305 |
| Anaesthesiology | 2,139,938 | 18,988,236 | 5,566,663 | 2,114,928 |
| Cardiovascular and Thoracic Surgery | 15,400 | 69,268 | | |
| Dermatology | 1,852,941 | 111,977 | | |
| Emergency Medicine | 694,064 | 3,923 | 1,727 | |
| General/Family Physicians (GP/FPs) | 14,356,872 | 5,539,544 | 16,959,489 | 538,635 |
| - General/Family Physicians | 12,072,485 | 5,495,090 | 16,947,382 | 538,635 |
| - Full-Time Emergency Room Physicians | 2,280,745 | 44,454 | 12,108 | |
| - Mental Health Generalists | 500 | | | |
| - Other General Practice Physicians (3) | 3,142 | | | |
| General Surgery | 1,233,420 | 35,456 | 29,879 | 268 |
| - General Surgery designated specialty | 1,209,105 | 32,336 | 29,879 | 227 |
| - Other General Surgery | 24,316 | 3,120 | | 41 |
| Internal Medicine | 328,510 | 31,926 | 50,604 | 15,535,190 |
| - Internal Medicine designated specialty | 250,074 | 288 | | 632,005 |
| - Cardiology | 110 | | | 14,869,476 |
| - Endocrinology/Metabolism | | | | 590 |
| - Gastroenterology | 43,060 | | | |
| - Infectious Diseases | 3,326 | | | |
| - Other Internal Medicine | 31,940 | 31,638 | 50,604 | 33,120 |
| Neurology | 2,157 | 300,691 | | |
| Neurosurgery | 97 | 47,034 | | 104,456 |
| Obstetrics-Gynaecology | 33,468 | 47,068 | 24,963,331 | 9,535,091 |
| Ophthalmology | 382,617 | 141 | | 17,483,389 |
| Orthopaedic Surgery | 203,437 | 40,172 | 3,837 | |
| Otolaryngology | 2,920,865 | 94,792 | 3,272 | |
| Paediatrics | 188,112 | 446 | 75,721 | 991,770 |
| Physical Medicine and Rehabilitation | 1,258 | 1,195,565 | | 1,328,310 |
| Plastic Surgery | 933,616 | 3,248 | | |
| Psychiatry designated specialty | | | | |
| Urology | 21,618 | 321,298 | 872 | |
| Laboratory Specialists | 52,787 | 5,316,645 | 552 | 266,235,903 |
| - Pathology | | | | |
| - Radiology | 52,787 | 5,316,645 | 552 | 266,235,903 |

*Note: This table reflects fee-for-service data only.*

*Continued...*

*(1) The payment totals by specialty have been rounded.*

*(2) A blank cell represents a zero value.*

*(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

*(4) No data to report for Surgical Assistance for this reporting period, column removed.*

## Table 2.13

## Distribution of Physician Payments by Type of Service and Specialty for the Service Year April 1, 2013 to March 31, 2014 (1)(2)

| Physicians by Specialty | Laboratory Services | Other Diagnostic & Therapeutic Services | Special Services | Miscellaneous Services |
|---|---|---|---|---|
| **Total: All Physicians** | $46,399,434 | $259,844,410 | $14,868,042 | $51,049,711 |
| **Subtotal** | | | | |
| All Physicians (except Pathology) | 46,399,434 | 251,523,314 | 14,863,850 | 51,049,711 |
| All Specialists (except GP/FPs & Pathology) | 46,385,166 | 212,928,186 | 2,202,254 | 33,653,130 |
| Anaesthesiology | | 11,780,456 | 37,272 | 2,895,656 |
| Cardiovascular and Thoracic Surgery | | 462,909 | | 107,744 |
| Dermatology | | 9,392,231 | 5,755 | 416,184 |
| Emergency Medicine | | 7,592,672 | 178 | 962,810 |
| General/Family Physicians (GP/FPs) | 14,268 | 38,595,128 | 12,661,596 | 17,396,582 |
| - General/Family Physicians | 14,268 | 23,794,525 | 12,646,817 | 15,129,341 |
| - Full-Time Emergency Room Physicians | | 14,797,606 | 4,023 | 1,755,202 |
| - Mental Health Generalists | | 497 | 423 | 508,311 |
| - Other General Practice Physicians (3) | | 2,500 | 10,333 | 3,728 |
| General Surgery | | 12,196,982 | 7,611 | 778,149 |
| - General Surgery designated specialty | | 11,668,866 | 6,956 | 722,070 |
| - Other General Surgery | | 528,116 | 655 | 56,079 |
| Internal Medicine | 7,133,547 | 94,865,702 | 23,328 | 8,091,875 |
| - Internal Medicine designated specialty | | 19,216,632 | 13,445 | 1,832,223 |
| - Cardiology | 6,688,930 | 17,149,203 | 361 | 883,435 |
| - Endocrinology/Metabolism | 444,488 | 26 | 10 | 10,296 |
| - Gastroenterology | | 13,195,630 | 432 | 192,037 |
| - Infectious Diseases | | 31,063 | 5,114 | 2,803 |
| - Other Internal Medicine | 129 | 45,273,148 | 3,966 | 5,171,082 |
| Neurology | | 2,329,025 | 53,004 | 80,937 |
| Neurosurgery | | 14,866 | | 2,437 |
| Obstetrics-Gynaecology | | 6,475,973 | 1,806,435 | 74,684 |
| Ophthalmology | | 34,773,487 | 72 | 105,001 |
| Orthopaedic Surgery | | 603,044 | 18,937 | 242,494 |
| Otolaryngology | | 12,036,568 | 2,225 | 120,665 |
| Paediatrics | | 2,373,873 | 47,672 | 652,307 |
| Physical Medicine and Rehabilitation | | 1,942,376 | 185,667 | 97,030 |
| Plastic Surgery | | 199,071 | 6,723 | 62,050 |
| Psychiatry designated specialty | | 707,877 | 587 | 18,370,008 |
| Urology | | 4,750,600 | 101 | 468,707 |
| Laboratory Specialists | 39,251,619 | 18,751,571 | 10,880 | 124,392 |
| - Pathology | | 8,321,096 | 4,192 | |
| - Radiology | 39,251,619 | 10,430,475 | 6,688 | 124,392 |

*Note: This table reflects fee-for-service data only.*

*(1) The payment totals by specialty have been rounded.*

*(2) A blank cell represents a zero value.*

*(3) Other General Practice Physicians refers to community medicine, geriatric medicine and occupational medicine.*

# Table 2.14

## Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2013 to March 31, 2014 (1) (2) (5)

| Age & Gender | | All Age Groups | | Under 1 | | 1 - 4 | |
|---|---|---|---|---|---|---|---|
| Service Type | | Services | Amount Paid | Services | Amount Paid | Services | Amount Paid |
| Consultations | F | 698 | $74,996 | 1,024 | $144,453 | 354 | $39,694 |
| | M | 567 | 62,994 | 1,185 | 163,195 | 447 | 49,498 |
| Major Assessment | F | 592 | 64,701 | 1,728 | 184,157 | 639 | 66,222 |
| | M | 452 | 50,516 | 1,747 | 187,187 | 667 | 69,441 |
| Other Assessment | F | 4,429 | 236,665 | 3,620 | 243,462 | 2,974 | 171,068 |
| | M | 3,014 | 163,438 | 3,978 | 268,824 | 3,243 | 190,138 |
| Hospital Care Days | F | 381 | 18,382 | 513 | 30,590 | 67 | 4,375 |
| | M | 326 | 16,703 | 569 | 33,767 | 82 | 5,636 |
| Special Calls | F | 40 | 11,380 | 2 | 6,546 | 3 | 6,786 |
| | M | 20 | 7,057 | 2 | 7,717 | 3 | 7,804 |
| Psychotherapy/Counselling | F | 1,051 | 45,724 | 16 | 621 | 26 | 1,330 |
| | M | 769 | 33,749 | 11 | 400 | 37 | 1,910 |
| Major Surgery | F | 963 | 79,438 | 319 | 33,743 | 207 | 15,307 |
| | M | 870 | 75,614 | 570 | 49,323 | 345 | 28,712 |
| Minor Surgery | F | 91 | 5,287 | 60 | 3,763 | 77 | 4,967 |
| | M | 112 | 6,693 | 94 | 5,629 | 115 | 7,356 |
| Anaesthesiology | F | 432 | 12,349 | 57 | 1,450 | 210 | 4,236 |
| | M | 67 | 2,963 | 52 | 1,334 | 219 | 4,443 |
| Obstetrical Services | F | 179 | 22,800 | 72 | 7,598 | | |
| | M | | | | | | |
| Diagnostic & Therapeutic Services, Radiology | F | 1,116 | 107,246 | 105 | 15,334 | 80 | 7,446 |
| | M | 514 | 41,958 | 119 | 18,141 | 94 | 9,006 |
| Laboratory Services | F | 66 | 14,115 | | | -- | 7 |
| | M | 26 | 7,903 | | | -- | 7 |
| Other Diagnostic & Therapeutic Services | F | 1,782 | 62,336 | 561 | 32,419 | 586 | 11,741 |
| | M | 1,561 | 60,596 | 673 | 39,989 | 767 | 15,335 |
| Special Services (3) | F | 318 | 6,298 | 2 | 18 | 15 | 230 |
| | M | 73 | 797 | 2 | 25 | 18 | 264 |
| Miscellaneous Services (4) | F | 279 | 12,388 | 113 | 4,908 | 62 | 2,761 |
| | M | 247 | 11,767 | 130 | 5,671 | 82 | 3,639 |
| **Total** | F | 12,417 | $774,104 | 8,191 | $709,062 | 5,301 | $336,170 |
| | M | 8,619 | $542,747 | 9,133 | $781,202 | 6,119 | $393,189 |

*Note: This table reflects fee-for-service data only.*

*Continued...*

*(1) A blank cell represents a zero value.*

*(2) -- equals a non-zero value; actual value too small to be shown.*

*(3) Special Services include injections, immunizations, pap smears, insertion of IUD.*

*(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.*

*(5) No data to report for Surgical Assistance for this reporting period, column removed.*

## Table 2.14
## Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Age & Gender / Service Type | | 5 - 14 | | 15 - 24 | | 25 - 44 | |
|---|---|---|---|---|---|---|---|
| | | Services | Amount Paid | Services | Amount Paid | Services | Amount Paid |
| Consultations | F | 289 | $29,048 | 480 | $46,142 | 657 | $67,147 |
| | M | 369 | 37,040 | 310 | 30,287 | 341 | 36,282 |
| Major Assessment | F | 325 | 33,132 | 385 | 39,644 | 519 | 54,726 |
| | M | 340 | 34,914 | 217 | 22,012 | 261 | 27,916 |
| Other Assessment | F | 1,839 | 96,454 | 3,369 | 189,406 | 4,530 | 250,205 |
| | M | 1,880 | 102,640 | 1,685 | 95,897 | 2,076 | 111,749 |
| Hospital Care Days | F | 25 | 1,600 | 89 | 4,245 | 148 | 6,795 |
| | M | 24 | 1,562 | 53 | 2,787 | 77 | 4,107 |
| Special Calls | F | 2 | 3,841 | 3 | 9,390 | 4 | 9,107 |
| | M | 2 | 3,966 | 2 | 5,024 | 3 | 3,821 |
| Psychotherapy/Counselling | F | 274 | 12,128 | 1,017 | 45,680 | 1,126 | 48,155 |
| | M | 402 | 17,959 | 846 | 38,395 | 823 | 35,757 |
| Major Surgery | F | 212 | 14,401 | 421 | 28,507 | 720 | 50,549 |
| | M | 267 | 17,479 | 469 | 32,523 | 505 | 39,682 |
| Minor Surgery | F | 95 | 5,236 | 75 | 4,273 | 78 | 4,445 |
| | M | 109 | 6,491 | 110 | 6,680 | 98 | 5,792 |
| Anaesthesiology | F | 103 | 2,038 | 531 | 12,404 | 937 | 23,302 |
| | M | 122 | 2,375 | 31 | 831 | 23 | 1,290 |
| Obstetrical Services | F | -- | 20 | 212 | 28,742 | 482 | 60,990 |
| | M | | | | | | |
| Diagnostic & Therapeutic Services, Radiology | F | 132 | 10,193 | 494 | 49,990 | 1,120 | 121,725 |
| | M | 127 | 9,265 | 202 | 13,774 | 329 | 26,602 |
| Laboratory Services | F | 1 | 267 | 7 | 1,787 | 14 | 3,761 |
| | M | 1 | 175 | 4 | 1,008 | 9 | 2,758 |
| Other Diagnostic & Therapeutic Services | F | 844 | 11,697 | 980 | 22,685 | 1,358 | 39,386 |
| | M | 1,021 | 13,696 | 651 | 17,454 | 868 | 27,757 |
| Special Services (3) | F | 19 | 266 | 220 | 5,138 | 424 | 9,613 |
| | M | 21 | 283 | 24 | 271 | 42 | 468 |
| Miscellaneous Services (4) | F | 109 | 4,939 | 248 | 11,893 | 174 | 8,095 |
| | M | 133 | 6,023 | 231 | 11,075 | 175 | 8,324 |
| **Total** | F | 4,270 | $225,262 | 8,533 | $499,927 | 12,290 | $758,000 |
| | M | 4,817 | $253,869 | 4,835 | $278,018 | 5,629 | $332,305 |

*Note: This table reflects fee-for-service data only.*

*Continued...*

*(1) A blank cell represents a zero value.*

*(2) -- equals a non-zero value; actual value too small to be shown.*

*(3) Special Services include injections, immunizations, pap smears, insertion of IUD.*

*(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.*

## Table 2.14

## Physician Services and Payments per 1,000 Insured Persons by Type of Service, and Age and Gender of Recipient, for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Service Type / Age & Gender | | 45 - 64 | | 65 - 74 | | 75 and Older | |
|---|---|---|---|---|---|---|---|
| | | Services | Amount Paid | Services | Amount Paid | Services | Amount Paid |
| Consultations | F | 807 | $88,914 | 1,173 | $132,821 | 1,484 | $167,198 |
| | M | 690 | 78,558 | 1,271 | 146,931 | 1,827 | 209,905 |
| Major Assessment | F | 639 | 71,464 | 888 | 103,551 | 1,177 | 139,162 |
| | M | 501 | 58,780 | 868 | 104,496 | 1,375 | 159,398 |
| Other Assessment | F | 4,499 | 231,689 | 6,270 | 322,122 | 10,799 | 547,082 |
| | M | 3,452 | 183,628 | 5,834 | 306,923 | 10,183 | 543,467 |
| Hospital Care Days | F | 274 | 14,169 | 849 | 42,646 | 3,282 | 150,534 |
| | M | 315 | 16,867 | 993 | 51,451 | 3,314 | 158,521 |
| Special Calls | F | 12 | 5,810 | 49 | 11,667 | 552 | 74,500 |
| | M | 12 | 5,426 | 39 | 11,450 | 318 | 50,208 |
| Psychotherapy/Counselling | F | 1,541 | 66,718 | 1,210 | 53,520 | 1,135 | 50,360 |
| | M | 966 | 41,984 | 851 | 37,422 | 1,035 | 45,179 |
| Major Surgery | F | 1,386 | 115,356 | 2,313 | 218,795 | 2,466 | 235,288 |
| | M | 1,189 | 103,694 | 2,485 | 240,706 | 3,065 | 303,290 |
| Minor Surgery | F | 106 | 6,011 | 112 | 6,918 | 122 | 7,785 |
| | M | 115 | 6,739 | 143 | 8,610 | 168 | 10,540 |
| Anaesthesiology | F | 118 | 6,957 | 160 | 10,658 | 142 | 9,925 |
| | M | 62 | 4,171 | 113 | 7,564 | 121 | 8,296 |
| Obstetrical Services | F | 3 | 257 | – | 8 | – | 8 |
| | M | | | | | | |
| Diagnostic & Therapeutic Services, Radiology | F | 1,594 | 149,707 | 2,230 | 194,300 | 2,293 | 180,870 |
| | M | 743 | 63,018 | 1,418 | 116,604 | 1,927 | 150,962 |
| Laboratory Services | F | 129 | 27,102 | 259 | 53,530 | 180 | 39,688 |
| | M | 41 | 13,104 | 115 | 32,883 | 119 | 34,339 |
| Other Diagnostic & Therapeutic Services | F | 2,327 | 88,172 | 3,829 | 158,531 | 4,435 | 209,566 |
| | M | 2,054 | 88,598 | 4,158 | 193,179 | 5,650 | 277,170 |
| Special Services (3) | F | 433 | 7,864 | 415 | 6,141 | 305 | 3,499 |
| | M | 104 | 1,122 | 206 | 2,213 | 313 | 3,276 |
| Miscellaneous Services (4) | F | 262 | 12,313 | 428 | 20,205 | 1,430 | 54,638 |
| | M | 234 | 11,879 | 445 | 22,451 | 1,240 | 53,289 |
| **Total** | F | 14,130 | $892,504 | 20,183 | $1,335,414 | 29,803 | $1,870,102 |
| | M | 10,477 | $677,567 | 18,939 | $1,282,881 | 30,655 | $2,007,841 |

*Note: This table reflects fee-for-service data only.*

*(1) A blank cell represents a zero value.*

*(2) – equals a non-zero value; actual value too small to be shown.*

*(3) Special Services include injections, immunizations, pap smears, insertion of IUD.*

*(4) Miscellaneous Services are a group of health services codes that do not fall into any other health service category.*

## Table 2.15

## Percentage Changes to Rates in the Schedule of Medical Benefits by Specialty for April 1, 2009 to March 31, 2014

| Specialty | April 1, 2009 | April 1, 2010 | April 1, 2011 | April 1, 2012 | April 1, 2013 |
|---|---|---|---|---|---|
| Anaesthesia | 4.5 | 4.1 | Nil | Nil | Nil |
| Cardiology | 2.0 | 2.4 | Nil | Nil | Nil |
| Cardiovascular and Thoracic Surgery | 2.1 | 2.1 | Nil | Nil | Nil |
| Critical Care Medicine | 4.2 | 3.5 | Nil | Nil | Nil |
| Dermatology | 2.0 | 2.4 | Nil | Nil | Nil |
| Radiology | 2.0 | 2.5 | Nil | Nil | Nil |
| Emergency Medicine | 4.6 | 4.8 | Nil | Nil | Nil |
| Endocrinology/Metabolism | 4.2 | 6.2 | Nil | Nil | Nil |
| Gastroenterology | 2.6 | 3.2 | Nil | Nil | Nil |
| General Practice | 7.0 | 5.6 | Nil | Nil | Nil |
| General Surgery | 4.2 | 3.4 | Nil | Nil | Nil |
| Mental Health Generalists | 7.4 | 4.6 | Nil | Nil | Nil |
| Infectious Diseases | 4.8 | 8.4 | Nil | Nil | Nil |
| Internal Medicine | 6.5 | 4.6 | Nil | Nil | Nil |
| Nephrology | 2.0 | 2.3 | Nil | Nil | Nil |
| Neurology | 4.4 | 5.3 | Nil | Nil | Nil |
| Neurosurgery | 2.3 | 4.8 | Nil | Nil | Nil |
| Obstetrics-Gynaecology | 2.4 | 3.5 | Nil | Nil | Nil |
| Ophthalmology | 2.0 | 2.5 | Nil | Nil | Nil |
| Orthopaedic Surgery | 2.9 | 3.6 | Nil | Nil | Nil |
| Otolaryngology | 2.0 | 2.9 | Nil | Nil | Nil |
| Paediatrics | 7.3 | 6.2 | Nil | Nil | Nil |
| Pathology | 3.6 | 2.0 | Nil | Nil | Nil |
| Physical Medicine and Rehabilitation | 4.8 | 8.5 | Nil | Nil | Nil |
| Plastic Surgery | 2.6 | 4.4 | Nil | Nil | Nil |
| Psychiatry | 5.0 | 4.9 | Nil | Nil | Nil |
| Respiratory Medicine | 2.4 | 3.4 | Nil | Nil | Nil |
| Rheumatology | 3.9 | 7.3 | Nil | Nil | Nil |
| Urology | 2.1 | 3.2 | Nil | Nil | Nil |
| Vascular Surgery | 3.7 | 3.3 | Nil | Nil | Nil |
| All Physicians | 5.0% | 4.5% | Nil | Nil | Nil |

### Table 2.16
### Basic Health Services:
### Percentage Changes to Rates in the Schedules of Benefits for April 1, 2009 to March 31, 2014

| Type of Practitioner / Effective Date | Medical | Dentists/ Dental Specialists/ Oral Surgeons | Optometrists | Podiatrists |
|---|---|---|---|---|
| | (%) | (%) | (%) | (%) |
| April 1, 2009 | 5.0 | Nil | 5.0 | Nil |
| April 1, 2010 | 4.5 | Nil | 4.5 | Nil |
| October 1, 2010 | Nil | 10.2 | Nil | 9.7 |
| April 1, 2011 | Nil | Nil | Nil | Nil |
| April 1, 2012 | Nil | Nil | Nil | Nil |
| April 1, 2013 | Nil | Nil | 3.0 | Nil |

## Alternative Relationship Plans

The 2003 *Tri-Lateral Master Agreement* between Health and Wellness, Alberta Health Services, and the Alberta Medical Association was in effect until March 31, 2011. The new bi-lateral agreement between Alberta Health and the Alberta Medical Association, (ratified May 30, 2013) is retroactively effective from April 1, 2011 to March 31, 2018. Innovative health delivery models are funded using agreements known as Alternative Relationship Plans (ARPs).

The purpose of ARPs is to provide physician funding models other than fee-for-service to promote innovation in clinical service delivery, improved patient care, and/or enhance practitioner satisfaction. The intent of ARPs is to advance the following:

- recruitment and retention of physicians,
- team-based approach to service delivery,
- access to health services for Albertans,
- patient satisfaction, and
- value for money.

## Model Type Definitions

### Clinical Alternative Relationship Plans

At present, there are 46 Clinical ARPs that use three working models for funding physician services, which are:

- Capitation ARP – This model is used in two Clinical ARPs for the provision of family medicine or primary health care. Physician payment is based on a pre-determined amount per rostered patient, per annum within a defined basket of insured health service codes. Patients can be rostered based on a formal roster, or based on geographic area.
- Annualized ARP – This model is used in 30 Clinical ARPs for the delivery of a defined set of clinical services to targeted patient groups. Physician payment is based on a pre-negotiated amount for delivery of insured health services per full-time equivalent physician per annum.
- Sessional ARP – This model is used in 14 Clinical ARPs for physician services delivered part-time. Physician payment is based on an hourly rate for the delivery of defined insured health services to a defined patient group.

### Academic Alternative Relationship Plans

Academic ARPs are funding arrangements that provide alternate compensation under a contractual model for clinical practice and conditional grant funding to compensate physicians for their teaching, administrative and research roles. These agreements have been successful in:

- attracting and retaining needed specialists to the province,
- supporting innovative clinical practice, and
- enhancing the quality of Alberta's medical education and research.

Ten Academic ARPs have been implemented in Alberta. Academic ARPs involve the following: the Universities of Alberta and Calgary, the Faculties of Medicine, the participating physicians, Alberta Health, Alberta Health Services, the Alberta Medical Association, other funding bodies, and related ministries such as Innovation and Advanced Education.

**Table 2.17**
**Alternative Relationship Plans (ARP) Summary by Type**
**For the Service Year April 1, 2013 to March 31, 2014**

| | General Practitioners | Specialists | Expenditures [1] |
|---|---|---|---|
| Clinical ARPs | 857 | 208 | $130,634,522 |
| Academic ARPs | 86 | 755 | 175,171,036 |
| **Total** [2] | 943 | 963 | $305,805,558 |
| **Total ARP Physicians** | 1,906 | | |

*(1) Expenditures for the 2013/2014 Fiscal Year as of August 31, 2014.*

*(2) Physician count is not discrete between Clinical and Academic ARPs.*

## Out-of-Country Health Coverage

Alberta Health provides two sources of funding for Albertans who wish to receive insured medical treatment outside Canada: application through the Alberta Health Care Insurance Plan (AHCIP) or through the Out-of-Country Health Services Committee.

The AHCIP provides only limited physician and hospital costs outside of Canada.

Insured physician services received outside Canada are paid at the lesser of the amount claimed or the rate an Alberta physician or dentist would be paid for that service. The rate for in-patient hospital services is $100 (Canadian) per day. The outpatient rate is $50 (Canadian) per day.

As of July 1, 2006, coverage for out-of-province and out-of-country podiatric, chiropractic and optometric services was discontinued.

The Out-of-Country Health Services Committee considers applications for funding of insured medical, oral surgical and/or hospital services that are not available in Canada.

The Out-of-Country Health Services Committee is independent, and operates at arm's length from Alberta Health. On August 1, 2011, the *Out-of-Country Health Services Regulation* was amended, based on recommendations from the Alberta Ombudsman. Applications to this committee can only be made by an Alberta physician or dentist on an Albertan's behalf.

Committee decisions can be appealed in writing to the Out-of-Country Health Services Appeal Panel which also operates at arm's length from Alberta Health. The Albertan or applying physician/dentist may register an appeal.

# Table 2.18
## Out-of-Country Basic Health Services:
## Distribution of Payments, Number of Services and Discrete Patients for the Service Years Ended March 31, 2011, 2012 and 2013 (1) (2)

| Practitioner Type | Total Out-of-Country | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Number of Services | | | Number of Discrete Patients | | | Payments | | |
| | 2010/2011 | 2011/2012 | 2012/2013 | 2010/2011 | 2011/2012 | 2012/2013 | 2010/2011 | 2011/2012 | 2012/2013 |
| Physicians (3) | 39,574 | 42,643 | 39,317 | 13,749 | 14,488 | 13,441 | $2,354,094 | $2,573,169 | $2,435,305 |
| Dentists/Dental Specialists/Oral Surgeons | 19 | 6 | 12 | 9 | 4 | 3 | 4,221 | 5,950 | 1,744 |
| **Total** | 39,593 | 42,649 | 39,329 | 13,753 | 14,488 | 13,441 | $2,358,315 | $2,579,119 | $2,437,050 |

| Practitioner Type | United States | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Number of Services | | | Number of Discrete Patients | | | Payments | | |
| | 2010/2011 | 2011/2012 | 2012/2013 | 2010/2011 | 2011/2012 | 2012/2013 | 2010/2011 | 2011/2012 | 2012/2013 |
| Physicians (3) | 25,860 | 28,734 | 26,914 | 8,156 | 8,852 | 8,279 | $1,645,800 | $1,819,371 | $1,710,465 |
| Dentists/Dental Specialists/Oral Surgeons | 8 | 6 | 12 | 5 | 4 | 3 | 1,493 | 5,950 | 1,744 |
| **Total** | 25,868 | 28,740 | 26,926 | 8,158 | 8,852 | 8,279 | $1,647,293 | $1,825,321 | $1,712,209 |

| Practitioner Type | Out-of-Country (except United States) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Number of Services | | | Number of Discrete Patients | | | Payments | | |
| | 2010/2011 | 2011/2012 | 2012/2013 | 2010/2011 | 2011/2012 | 2012/2013 | 2010/2011 | 2011/2012 | 2012/2013 |
| Physicians (3) | 13,714 | 13,909 | 12,403 | 5,653 | 5,714 | 5,227 | $708,294 | $753,798 | $724,840 |
| Dentists/Dental Specialists/Oral Surgeons | 11 | | | 4 | | | 2,728 | | |
| **Total** | 13,725 | 13,909 | 12,403 | 5,655 | 5,714 | 5,227 | $711,021 | $753,798 | $724,840 |

*Note: This table reflects fee-for-service data only.*

*(1) A blank cell represents a zero value.*

*(2) Number of Discrete Patients is a discrete overall patient count and not a sum.*

*(3) Does not include physician services which were paid under the Out-of-Country Health Services Program.*

## Table 2.19
## Out-of-Country Health Services Program:
## Applications Reviewed by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2010 to March 31, 2014

| Status of Applications | Type of Service | | | | |
|---|---|---|---|---|---|
| | Required services not available in Alberta | | | | |
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Reviewed | 94 | 125 | 123 | 81 | 102 |
| Approved | 43 | 78 | 67.5 | 37 | 55 |
| Approved on Appeal | 4 | 8.5 | 9 | 8.5 | 7 |
| Deferred [1] | | | 1.5 | 1.5 | 2.5 |
| Denied | 47 | 38.5 | 45 | 34 | 37.5 |

*Note: Applications listed as .5 are where a portion of the application is approved and a portion is denied.*

*(1) Effective April 1, 2011, row added to reflect applications for which the Out-of-Country Health Services Committee requires further medical information from the applicant.*

## Table 2.20
## Out-of-Country Health Services Program:
## Payments Made for Approved Applications by Out-of-Country Health Services Committee/Appeal Panel for the Service Years Ended March 31, 2010 to March 31, 2014

| Amount Paid ($) | Type of Service | | | | |
|---|---|---|---|---|---|
| | Required services not available in Alberta | | | | |
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Medical Services | $785,605 | $867,574 | $1,559,566 | $1,215,554 | $1,730,834 |
| Hospital Services | 2,945,522 | 2,716,470 | 2,783,198 | 2,698,065 | 4,014,045 |
| **Total** | $3,731,127 | $3,584,044 | $4,342,764 | $3,913,619 | $5,744,879 |

## Primary Care Networks

Primary Care Networks (PCNs) are formed through formal arrangements between groups of primary care physicians and Alberta Health Services. PCNs are organized to deliver a wide range of primary health care services. They have the flexibility to design local programs that meet the needs of patients in the community, while working within the provincial framework.

Primary Care is defined as the first point of contact with the health system, where health services are mobilized and coordinated to promote health, prevent and care for illness, and manage ongoing problems.

The goals of Primary Care Networks are to:

- improve access to primary care services for more Albertans,
- manage access to appropriate round-the-clock primary care services,
- increase the focus on health promotion and disease prevention, and on care for patients with medically complex problems or chronic illnesses,
- improve coordination and integration of primary care services with hospital, long-term and specialty care, and
- foster a multi-disciplinary team approach to providing primary care.

The first Primary Care Network to launch in Alberta was Edmonton Southside PCN on May 1, 2005. As of March 31, 2014, there are 41 PCNs operating in the province.

## Table 2.21
## Primary Care Networks:
## Distribution by Health Zone, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2013 to March 31, 2014

| Primary Care Network | AHS Zone | Number of Primary Care Providers(1) | Number of Patients Enrolled(2) | Total Payments to the Primary Care Network(3) |
|---|---|---|---|---|
| Chinook | South Zone | 137 | 156,720 | $9,699,714 |
| Palliser | South Zone | 82 | 97,358 | 5,972,646 |
| Bow Valley | Calgary Zone | 46 | 26,515 | 1,635,188 |
| Calgary Foothills | Calgary Zone | 375 | 359,387 | 22,281,994 |
| Calgary Rural | Calgary Zone | 138 | 103,809 | 6,465,794 |
| Calgary West Central | Calgary Zone | 380 | 302,705 | 18,773,786 |
| Highland | Calgary Zone | 52 | 56,770 | 3,479,099 |
| Mosaic | Calgary Zone | 193 | 240,435 | 14,422,068 |
| South Calgary | Calgary Zone | 177 | 160,009 | 9,575,187 |
| Big Country | Central Zone | 42 | 36,848 | 2,263,992 |
| Camrose | Central Zone | 34 | 28,303 | 1,760,304 |
| Kalyna Country | Central Zone | 27 | 19,189 | 1,167,336 |
| Lloydminster | Central Zone | 18 | 17,911 | 1,115,938 |
| Peaks to Prairies | Central Zone | 25 | 20,701 | 1,281,199 |
| Provost | Central Zone | 4 | 4,412 | 277,326 |
| Red Deer | Central Zone | 92 | 118,075 | 7,283,109 |
| Rocky Mountain House | Central Zone | 18 | 14,966 | 926,435 |
| Wainwright | Central Zone | 10 | 9,228 | 571,175 |
| Wetaskiwin | Central Zone | 29 | 26,145 | 2,563,514 |
| Wolf Creek | Central Zone | 49 | 56,182 | 3,708,530 |
| Alberta Heartland | Edmonton Zone | 36 | 45,937 | 2,842,576 |
| Edmonton North | Edmonton Zone | 194 | 178,000 | 10,699,650 |
| Edmonton Oliver | Edmonton Zone | 132 | 103,851 | 6,291,543 |
| Edmonton Southside | Edmonton Zone | 201 | 196,428 | 12,001,712 |
| Edmonton West | Edmonton Zone | 164 | 154,178 | 9,162,949 |
| Leduc/Beaumont/Devon | Edmonton Zone | 57 | 58,882 | 3,632,797 |
| Sherwood Park-Strathcona County | Edmonton Zone | 84 | 87,705 | 5,423,481 |
| St. Albert & Sturgeon | Edmonton Zone | 75 | 78,596 | 4,888,421 |
| WestView | Edmonton Zone | 91 | 76,608 | 3,169,533 |
| Aspen | North Zone | 26 | 22,990 | 1,429,720 |
| Bonnyville | North Zone | 24 | 13,997 | 857,274 |
| Cold Lake | North Zone | 14 | 16,137 | 991,535 |
| Grande Cache(4) | North Zone | 6 | 4,159 | 191,565 |
| Grande Prairie | North Zone | 48 | 64,291 | 3,932,164 |
| Lakeland | North Zone | 38 | 39,920 | 2,462,361 |
| McLeod River | North Zone | 46 | 34,807 | 2,134,722 |
| Northwest | North Zone | 35 | 24,528 | 1,507,096 |
| Peace Region | North Zone | 37 | 30,307 | 1,814,151 |
| Sexsmith/Spirit River | North Zone | 8 | 10,229 | 617,489 |
| West Peace | North Zone | 9 | 9,606 | 600,439 |
| Wood Buffalo | North Zone | 36 | 63,419 | 3,913,316 |
| **Total** | | **3,289** | **3,170,243** | **$193,788,828** |

## Table 2.21
## Primary Care Networks:
## Distribution by Health Zone, Number of Primary Care Physicians, Number of Patients, and Total Payments for the Service Year April 1, 2013 to March 31, 2014

*Notes:*

*(1) The term Primary Care Provider includes family physicians, general practitioners, pediatricians and nurse practitioners. Physicians participating in Primary Care Networks (PCNs) continue to be compensated for insured medical services using either fee-for-service or existing alternate payment arrangements.*

*(2) Informal enrollment is based on a default method of calculating one patient encounter with a PCN health service provider at a PCN service delivery location for services, in the past three years. Informal enrolment is based on assignment of discrete patients to PCNs based on overall volume of care to a single provider.*

*(3) PCNs receive a per-capita payment up to $62 per patient, per year.*

*(4) Grande Cache became operational July 1, 2013.*

# Section 3: Regional Data

## Summary

Alberta Health Services has divided Alberta into five continuum zones for ease of management of the delivery of health care services. The five health zones are loosely related to the former health regions as follows:

| | | |
|---|---|---|
| South Zone | (Zone 1): | Chinook Regional Health Authority |
| | | Palliser Health Region |
| Calgary Zone | (Zone 2): | Calgary Health Region |
| Central Zone | (Zone 3): | David Thompson Regional Health Authority |
| | | East Central Health |
| Edmonton Zone | (Zone 4): | Capital Health |
| North Zone | (Zone 5): | Aspen Regional Health Authority |
| | | Peace Country Health |
| | | Northern Lights Health Region |

This section provides practitioner fee-for-service data broken down by the five zones.

Alberta Health Services is responsible for hospitals, continuing care facilities, community health services and public health programs in Alberta. Alberta Health Services works with communities to deliver health services, including mental health services, to local residents. Information about services and costs for Alberta Health Services is in the Ministry of Health Annual Report 2013/2014.

## Highlights

- A total of 39.11% of physician fee-for-service expenditures were for services received in Edmonton Zone (Zone 4); 38.07% for services received in Calgary Zone (Zone 2) and the balance, 22.82%, for services received in the other three zones.

- In Alberta, 89.38% of payments for services received by patients were provided in the health zone where the patient resides.

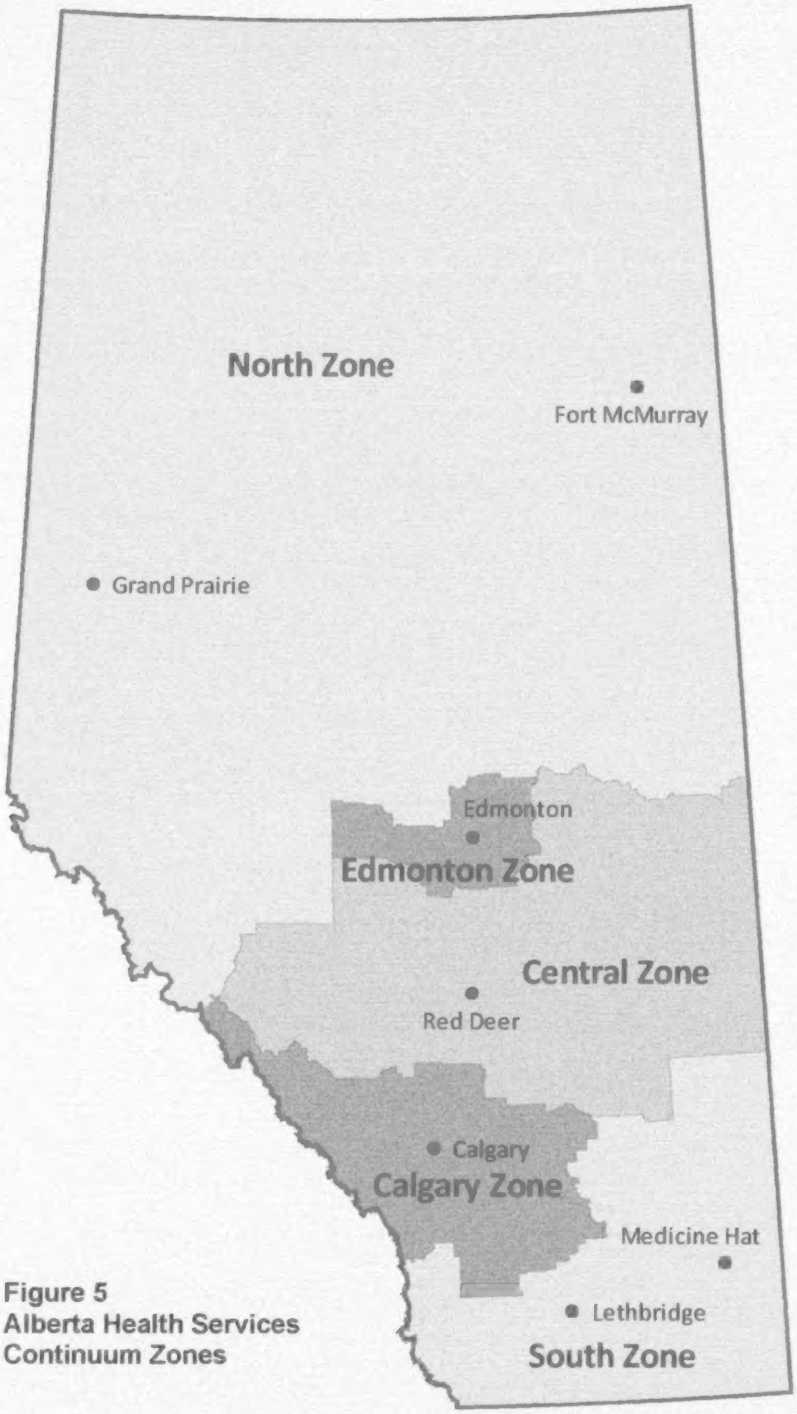

North Zone
Fort McMurray
Grand Prairie
Edmonton
Edmonton Zone
Central Zone
Red Deer
Calgary
Calgary Zone
Medicine Hat
Lethbridge
South Zone

Figure 5
Alberta Health Services
Continuum Zones

## Explanatory Notes

### Number of Practitioners

The figures shown for the number of practitioners in a geographic zone are based on the number of practitioners who received fee-for-service payments for services provided in that particular zone. A practitioner may work in several zones and will have been counted in each zone where he/she provided services.

### Number of Services

Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported will be the number of time units paid.

### Health Boundary Changes

Health boundaries are subject to change; therefore, year-over-year comparisons by zones should be interpreted with caution. The map on continuum health zones shows the current five continuum zones that were put in place on May 15, 2008.

### Service Location and Recipient Location

Data in this section are provided on a service location basis. Patients from rural and remote zones often travel to larger urban centres in other zones to receive services. This has an effect on statistics for health services and payments for both zones involved. This is illustrated in Table 3.2, which shows payments to physicians based on both service location and recipient location. Recipient location data are for the geographic zone where the patient lived on the date of service.

## Table 3.1

## Distribution of Population Covered by Alberta Health Services Geographic Zone Service Location as at March 31, 2014 (1)

| Zone Service Location | Registered Population | | |
|---|---|---|---|
| | Total | Male | Female |
| South (Zone 1) | 308,113 | 154,685 | 153,428 |
| Calgary (Zone 2) | 1,597,750 | 804,043 | 793,707 |
| Central (Zone 3) | 487,459 | 246,015 | 241,444 |
| Edmonton (Zone 4) | 1,336,411 | 674,669 | 661,742 |
| North (Zone 5) | 498,172 | 258,408 | 239,764 |
| Unknown | 220 | 119 | 101 |
| **Total** | **4,228,125** | **2,137,939** | **2,090,186** |

*(1) The population figures are as at March 31, 2014, calculated in July 2014.*

## Table 3.2

## Distribution of Payments to Physicians by Alberta Health Services Geographic Zone Service Location and Recipient Location for the Service Year April 1, 2013 to March 31, 2014 (1)

| Zone Service Location | Zone Recipient Location | | | | | | |
|---|---|---|---|---|---|---|---|
| | All Zones | South Zone | Calgary Zone | Central Zone | Edmonton Zone | North Zone | Unknown |
| South | $180,198,663 | **$170,057,521** | $6,549,027 | $1,526,916 | $1,073,270 | $738,290 | $253,637 |
| Calgary | 1,057,609,212 | 26,442,540 | **993,247,309** | 23,300,599 | 8,413,746 | 5,302,579 | 902,438 |
| Central | 241,212,439 | 1,692,332 | 9,679,489 | **215,068,681** | 9,763,555 | 4,773,022 | 235,361 |
| Edmonton | 1,086,704,286 | 3,578,999 | 14,139,716 | 60,778,310 | **919,603,637** | 87,602,019 | 1,001,604 |
| North | 199,705,354 | 743,815 | 2,527,619 | 2,873,957 | 8,063,993 | **185,273,074** | 222,897 |
| Unknown | 12,952,929 | 533,112 | 1,846,140 | 7,630,754 | 1,668,637 | 1,162,449 | **111,837** |
| **Total** | $2,778,382,882 | $203,048,318 | $1,027,989,302 | $311,179,217 | $948,586,838 | $284,851,432 | $2,727,774 |

*Note: This table reflects fee-for-service data only.*

*(1) The sums of the payments may not match the totals due to rounding.*

## Table 3.3

### Distribution of Payments by Diagnostic Chapter (ICD9) and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2013 to March 31, 2014 (1)

| Zone Service Location<br>Diagnostic Chapter (ICD9) | All Zones | South Zone | Calgary Zone | Central Zone | Edmonton Zone | North Zone | Unknown |
|---|---|---|---|---|---|---|---|
| Infectious and Parasitic Diseases | $44,028,848 | $2,763,241 | $17,645,654 | $4,204,571 | $15,186,822 | $3,963,902 | $264,659 |
| Neoplasms | 98,449,399 | 6,392,496 | 41,051,997 | 6,603,450 | 39,325,103 | 4,667,650 | 408,704 |
| Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders | 87,104,744 | 7,196,953 | 28,900,261 | 7,678,475 | 35,285,967 | 7,621,296 | 421,791 |
| Diseases of Blood and Blood Forming Organs | 12,797,433 | 1,372,836 | 4,188,888 | 1,405,920 | 4,574,919 | 1,122,982 | 131,888 |
| Mental Disorders | 277,357,861 | 15,993,635 | 99,116,466 | 27,395,312 | 118,410,704 | 13,734,028 | 2,707,716 |
| Diseases of the Nervous System and Sense Organs | 191,299,263 | 12,738,075 | 83,122,098 | 12,923,231 | 71,507,258 | 10,636,208 | 372,391 |
| Diseases of the Circulatory System | 187,086,953 | 13,103,791 | 60,717,487 | 14,962,885 | 85,204,055 | 12,154,287 | 944,449 |
| Diseases of the Respiratory System | 156,676,848 | 10,585,663 | 55,156,724 | 15,404,573 | 59,605,485 | 15,043,068 | 881,335 |
| Diseases of the Digestive System | 99,258,237 | 8,269,899 | 30,882,066 | 12,031,789 | 35,902,511 | 11,240,454 | 931,517 |
| Diseases of the Genitourinary System | 115,114,392 | 8,139,530 | 43,011,846 | 13,454,959 | 40,842,646 | 8,870,204 | 795,207 |
| Complications of Pregnancy, Childbirth and the Puerperium | 77,861,201 | 4,315,407 | 32,720,096 | 8,063,611 | 23,877,916 | 8,384,012 | 500,160 |
| Diseases of the Skin and Subcutaneous Tissue | 68,497,484 | 4,250,449 | 26,162,275 | 6,665,163 | 24,904,726 | 6,174,523 | 340,347 |
| Diseases of the Musculoskeletal System and Connective Tissue | 149,066,103 | 12,204,133 | 53,464,920 | 14,009,944 | 55,722,038 | 13,077,626 | 587,442 |
| Congenital Anomalies | 9,105,926 | 297,719 | 3,791,802 | 222,386 | 4,419,816 | 359,264 | 14,939 |
| Certain Conditions Originating in the Perinatal Period | 9,642,410 | 1,491,806 | 2,405,957 | 1,587,851 | 2,460,509 | 1,629,223 | 67,063 |
| Symptoms, Signs and Ill-Defined Conditions | 313,233,072 | 18,415,986 | 111,729,542 | 29,987,267 | 126,308,139 | 25,313,284 | 1,478,854 |
| Injury and Poisoning | 141,295,015 | 10,026,111 | 47,925,666 | 15,015,674 | 53,432,665 | 14,129,711 | 765,188 |
| Non-Standard Diagnostic Codes (2) | 255,218,307 | 15,509,947 | 99,798,258 | 21,646,256 | 91,703,762 | 25,483,870 | 1,076,213 |
| Unknown Diagnostic Chapter (3) | 485,289,386 | 27,130,985 | 215,817,209 | 27,949,121 | 198,029,245 | 16,099,760 | 263,065 |
| **Total** | $2,778,382,882 | $180,198,663 | $1,057,609,212 | $241,212,439 | $1,086,704,286 | $199,705,354 | $12,952,929 |

*Note: This table reflects fee-for-service data only.*

*(1) Payment totals have been rounded.*

*(2) Non-Standard Diagnostic Codes are supplementary diagnostic codes to the International Classification of Diseases; i.e. external causes of injury.*

*(3) Radiologists, pathologists, surgical assistants and anaesthesiologists are not required to provide diagnostic codes when submitting claims to the AHCIP. Claims for these services are included under Unknown Diagnostic Chapter.*

## Table 3.4
## Distribution of Physicians with Total Payments of $10,000 and Over, and Average Payments by Alberta Health Services Geographic Zone for the Service Year April 1, 2013 to March 31, 2014 (1)

| Zone Service Location | Total | | | General/Family Physicians | | | Specialists (4) | | |
|---|---|---|---|---|---|---|---|---|---|
| | Number of Physicians | Amount Paid | Average Payments | Number of Physicians | Amount Paid | Average Payments | Number of Physicians | Amount Paid | Average Payments |
| South Zone | 530 | $163,816,975 | $309,089 | 324 | $91,267,784 | $281,691 | 206 | $72,549,190 | $352,181 |
| Calgary Zone | 2,900 | 901,689,994 | 310,928 | 1,693 | 406,479,153 | 240,094 | 1,207 | 495,210,841 | 410,282 |
| Central Zone | 761 | 221,120,381 | 290,566 | 521 | 145,155,709 | 278,610 | 240 | 75,964,673 | 316,519 |
| Edmonton Zone | 2,611 | 948,058,379 | 363,102 | 1,362 | 394,223,213 | 289,444 | 1,249 | 553,835,166 | 443,423 |
| North Zone | 663 | 189,925,955 | 286,464 | 478 | 141,711,552 | 296,468 | 185 | 48,214,404 | 260,618 |
| Unknown | 175 | 11,430,200 | 65,315 | 103 | 6,566,177 | 63,749 | 72 | 4,864,023 | 67,556 |
| **Alberta (2) (3)** | **6,963** | **$2,436,041,884** | **$349,855** | **4,105** | **$1,187,726,744** | **$289,337** | **2,858** | **$1,251,969,785** | **$438,058** |

*Note: This table reflects fee-for-service data only.*

*(1) This report reflects discrete physician counts of physicians within each zone that were paid $10,000 or more for services provided in the respective zone.*

*(2) The number of physicians in the Alberta total is the actual number of physicians in the province who were paid $10,000 or more for services provided in Alberta. Physicians included in multiple zones are only counted once in the Alberta totals.*

*(3) The total amount paid may not match the sum of amounts paid for each zone since physicians may make less than $10,000 within a zone but more than $10,000 in Alberta. Therefore, the payments would not be included in the zone payments but they would be included in the Alberta payments.*

*(4) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.*

## Table 3.5

## Number of General/Family Physicians by Payment Range and Alberta Health Services Geographic Zone Service Location for the Service Year April 1, 2013 to March 31, 2014 (1)(2)

| Zone Service Location / Payment Range | All Zones | South Zone | Calgary Zone | Central Zone | Edmonton Zone | North Zone | Unknown |
|---|---|---|---|---|---|---|---|
| Less than $10,000 | 182 | 160 | 393 | 251 | 339 | 202 | 683 |
| 10,000 - 19,999 | 107 | 22 | 69 | 29 | 57 | 26 | 36 |
| 20,000 - 39,999 | 165 | 18 | 107 | 25 | 57 | 31 | 26 |
| 40,000 - 59,999 | 141 | 18 | 81 | 19 | 54 | 18 | 8 |
| 60,000 - 79,999 | 135 | 11 | 75 | 14 | 38 | 18 | 3 |
| 80,000 - 99,999 | 145 | 8 | 86 | 22 | 38 | 20 | 5 |
| 100,000 - 119,999 | 153 | 6 | 86 | 21 | 45 | 15 | 2 |
| 120,000 - 139,999 | 172 | 9 | 88 | 12 | 53 | 14 | 7 |
| 140,000 - 159,999 | 176 | 8 | 77 | 17 | 66 | 15 | 5 |
| 160,000 - 179,999 | 163 | 6 | 81 | 8 | 62 | 16 | 2 |
| 180,000 - 199,999 | 169 | 9 | 74 | 26 | 61 | 17 | 3 |
| 200,000 - 299,999 | 885 | 63 | 339 | 99 | 299 | 64 | 6 |
| 300,000 - 399,999 | 743 | 68 | 255 | 100 | 229 | 93 | |
| 400,000 - 499,999 | 430 | 39 | 130 | 71 | 133 | 52 | |
| 500,000 - 599,999 | 245 | 18 | 73 | 32 | 69 | 33 | |
| 600,000 - 699,999 | 120 | 12 | 35 | 17 | 30 | 25 | |
| 700,000 - 799,999 | 60 | 3 | 19 | 6 | 22 | 9 | |
| 800,000 - 899,999 | 38 | 5 | 11 | 1 | 14 | 4 | |
| 900,000 - 999,999 | 16 | | 1 | 1 | 11 | 3 | |
| 1,000,000 & over | 42 | 1 | 6 | 1 | 24 | 5 | |
| **Total** | 4,287 | 484 | 2,086 | 772 | 1,701 | 680 | 786 |

*Note: This table reflects fee-for-service data only.*

*(1) This report reflects discrete physician counts of physicians within each zone, where the physician payment was greater than zero within the zone. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple zones and will be double counted.*

*(2) A blank cell represents a zero value.*

## Table 3.6

## Number of Physicians by Specialty Within Alberta Health Services Geographic Zones for the Service Year April 1, 2013 to March 31, 2014 (1) (2)

| Physicians by Specialty | Number of Physicians (3) | | | |
|---|---|---|---|---|
| | All Zones | Calgary Zone | Edmonton Zone | All Other Zones |
| Anaesthesiology | 400 | 181 | 168 | 80 |
| Cardiovascular and Thoracic Surgery | 25 | 4 | 20 | 1 |
| Dermatology | 45 | 23 | 18 | 5 |
| Emergency Medicine | 131 | 80 | 56 | 16 |
| General/Family Physicians (GP/FPs) | 4,287 | 2,086 | 1,701 | 1,518 |
| General Surgery | 193 | 78 | 75 | 87 |
| Internal Medicine | 699 | 299 | 390 | 214 |
| Neurology | 60 | 23 | 34 | 24 |
| Neurosurgery | 15 | 6 | 11 | |
| Obstetrics-Gynaecology | 209 | 100 | 84 | 60 |
| Ophthalmology | 119 | 61 | 53 | 29 |
| Orthopaedic Surgery | 175 | 77 | 67 | 66 |
| Otolaryngology | 68 | 29 | 30 | 16 |
| Paediatrics | 326 | 199 | 95 | 61 |
| Physical Medicine and Rehabilitation | 44 | 10 | 31 | 10 |
| Plastic Surgery | 62 | 36 | 22 | 13 |
| Psychiatry | 473 | 225 | 229 | 116 |
| Urology | 52 | 20 | 24 | 20 |
| All Specialists (except GP/FPs & laboratory specialists) | 3,096 | 1,451 | 1,407 | 818 |
| Total: All Physicians (except laboratory specialists) | 7,383 | 3,537 | 3,108 | 2,336 |

*Note: This table reflects fee-for-service data only.*

*(1) This report reflects discrete physician counts of physicians within each zone, where the physician payment was greater than zero within the zone. The number of physicians reported in the total is not the actual number of physicians in Alberta since physicians may provide health services in multiple zones and will be double counted.*

*(2) A blank cell represents a zero value.*

*(3) Excludes pathology and radiology laboratory specialists because billings for more than one physician may be included under one physician billing number.*

# Table 3.7
## Allied Health Services:
## Distribution of Services and Payments
## by Alberta Health Services Geographic Zone Service Location
## for the Service Year April 1, 2013 to March 31, 2014 (1)(2)

| Zone Service Location | Total | | Optometrists | | Dentists/Dental Specialists/ Oral Surgeons | | Podiatrists | |
|---|---|---|---|---|---|---|---|---|
| | Services | Payments | Services | Payments | Services | Payments | Services | Payments |
| South | 104,181 | $5,453,927 | 73,958 | $4,282,810 | 321 | $43,379 | 29,902 | $1,127,739 |
| Calgary | 481,326 | 26,201,700 | 320,953 | 18,125,815 | 8,563 | 2,302,100 | 151,810 | 5,773,785 |
| Central | 144,874 | 8,834,220 | 125,568 | 7,321,699 | 3,063 | 905,169 | 16,243 | 607,351 |
| Edmonton | 431,244 | 25,093,678 | 313,379 | 18,090,046 | 13,023 | 4,060,960 | 104,842 | 2,942,672 |
| North | 88,814 | 4,787,680 | 78,285 | 4,486,860 | 25 | 6,262 | 10,504 | 294,558 |
| Unknown | 2,736 | 113,391 | 1,420 | 82,563 | | | 1,316 | 30,828 |
| **Total** | 1,253,175 | $70,484,595 | 913,563 | $52,389,793 | 24,995 | $7,317,869 | 314,617 | $10,776,933 |

*Note: This table reflects fee-for-service data only.*

*(1) The payment totals may not match the sum of the payments made for services provided in the zones due to rounding.*

*(2) A blank cell represents a zero value.*

# Section 4: Non-Group Supplementary Plans

## Summary

Non-Group supplementary health plans provide coverage for prescribed drugs and selected health services. These supplementary health plans are funded by Alberta Health and administered by Alberta Blue Cross.

Albertans under the age of 65 can purchase Non-Group coverage. A reduced premium rate is available to Albertans with lower incomes; premium-free coverage is offered to seniors and their dependants, and to recipients of the Alberta Widows' Pension Program and their dependants. Premium-free drug coverage is also provided to people who have been diagnosed as being palliative and receive their health care at home rather than at a hospital.

The government-sponsored Non-Group supplementary health plans are collectively referred to as "non-group" plans to distinguish them from the "group" or employer-sponsored and individual supplementary benefit plans available through Alberta Blue Cross and other insurers.

The data in this section include the number of persons covered by level of premium payment, by age and gender, and by types of services (ambulance, drugs, hospital accommodation or other). Information is also provided about the number, types and costs of drug prescriptions, and the top 10 drug expenditures.

## Highlights

- In 2013/2014, the number of Albertans who were covered under Non-Group supplementary plans increased to 607,823, an increase of 3.16% compared to 2012/2013.
- The number of persons covered through full premium rates was 78,815 (12.97% of the total Non-Group membership).
- A total of 8,680 people (1.43% of the total Non-Group membership) received non-group coverage at reduced premium rates.
- A total of 520,328 people (85.61% of total Non-Group membership) received their coverage premium-free.
- More than $743 million was paid for benefits under the Non-Group supplementary plans in 2013/2014, an increase of 2% compared to 2012/2013.
- More than $556 million was paid for benefits for seniors and their dependants in 2013/2014. These payments accounted for 74.77% of the total amount spent on the Non-Group supplementary plans.
- Drugs accounted for more than $710 million or 95.60% of total Non-Group benefit expenditures. Ambulance services accounted for over $25 million or 3.42% of the total.

- Over the past five years significant savings have been realized through generic price reductions. The savings resulted from a lowering of the price threshold for listing and patent expiry for key molecules. These generic savings have slowed the growth in total program expenditures.

- The $3 per prescription Transition Allowance paid to pharmacies that was introduced in April 2010 to allow the industry time to adjust to lower generic drug pricing, was decreased to $2 in April 2011, to $1 in April 2012 and $0 in April 2013. In conjunction with further generic price reductions, a one year $1 per prescription allowance was reinstated effective April 15, 2013.

- In 2013/2014, the 10 highest expenditure drugs were used to treat common chronic conditions including:

  - Neovascular (wet) Age Related Macular Degeneration
  - Rheumatoid Arthritis / Crohn's Disease
  - Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis
  - Chronic Obstructive Pulmonary Disease
  - Multiple Sclerosis
  - Asthma
  - Asthma/Chronic Obstructive Pulmonary Disease
  - Cholesterol Lowering Agent
  - Blood Glucose Monitoring

## Premium Subsidy Program

Eligibility for the Premium Subsidy Program is based on the applicant's family category and the taxable income of the applicant and his/her spouse or partner (if applicable) for the year which precedes the subsidy period. A subsidy period runs from April 1 of one year to March 31 of the following year.

Family category (shown below) is determined based on whether or not the applicant is single (one person) or family (two or more people) with a spouse/partner and/or children on the registration account.

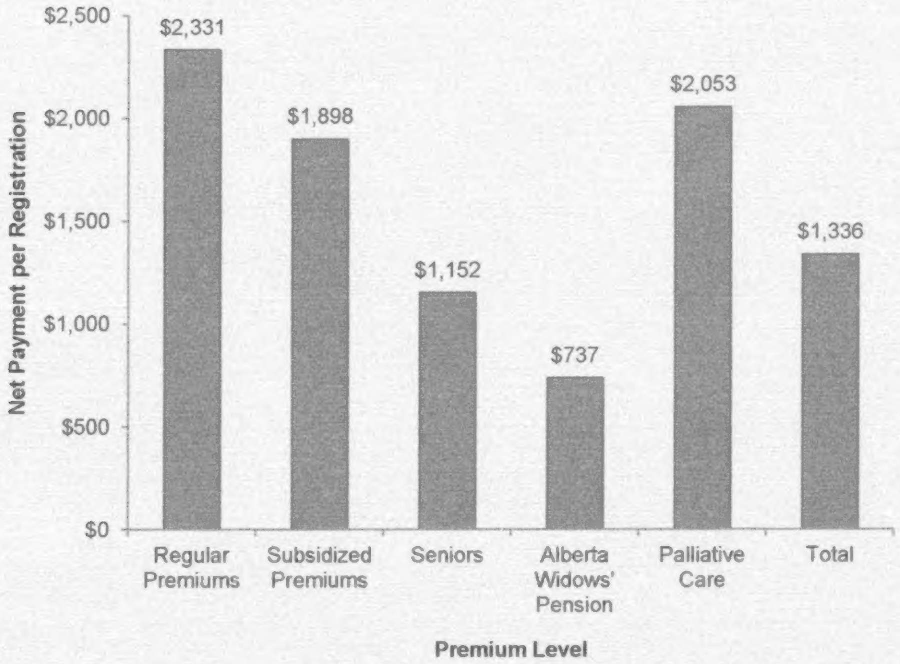
## Figures and Charts

**2013/2014 Premium Subsidy Tresholds**

| Family Category | Full Premiums |
|---|---|
| Single | the same or greater than $20,970 |
| Family - no children | the same or greater than $33,240 |
| Family - with children | the same or greater than $39,250 |

Figure 6

Non-Group Supplementary Coverage: Average Net Payment for Drugs per Recipient by Coverage Category for the Service Year April 1, 2013 to March 31, 2014



## Explanatory Notes

### Data

Data in this section are provided by Alberta Health (Tables 4.1 - 4.3), Alberta Blue Cross (Figure 6, Tables 4.4 - 4.5 and Tables 4.7 - 4.9), and the Alberta College of Pharmacists (Table 4.6).

### Non-Group Supplementary Coverage Parameters

Non-Group coverage includes drugs and selected health services such as: some ambulance services; clinical psychological services; some home nursing care; prosthetic and orthotic benefits; and mastectomy prostheses. Coverage for private or semi-private hospital accommodation is included in the plan offered to Albertans under the age of 65 and their eligible dependants. The Alberta Drug Benefit List defines the drugs that are covered by the Non-Group Supplementary plans.

*Note: The subtotals/totals across tables may not match due to rounding.*

## Table 4.1
## Non-Group Supplementary Coverage:
## Number of Registrations and Persons Covered by Level of Premium Payment as at March 31, 2010, 2011, 2012, 2013 and 2014 (1)

| Registration Status | | Number of Registrations & Persons Covered | | | | | Percentage Change | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Regular Premiums | Registrations | 51,823 | 45,684 | 43,153 | 41,904 | 40,665 | (11.85) | (5.54) | (2.89) | (2.96) |
| | Persons | 104,293 | 90,600 | 84,893 | 81,766 | 78,815 | (13.13) | (6.30) | (3.68) | (3.61) |
| Reduced Premiums | Registrations | 12,791 | 9,850 | 7,920 | 6,263 | 5,162 | (22.99) | (19.59) | (20.92) | (17.58) |
| | Persons | 24,251 | 18,145 | 14,138 | 10,841 | 8,680 | (25.18) | (22.08) | (23.32) | (19.93) |
| No Premiums (2) | Registrations | 296,133 | 305,130 | 318,576 | 333,720 | 349,087 | 3.04 | 4.41 | 4.75 | 4.60 |
| | Persons | 437,533 | 451,873 | 473,175 | 496,614 | 520,328 | 3.28 | 4.71 | 4.95 | 4.78 |
| **Total** | Registrations | 360,747 | 360,664 | 369,649 | 381,887 | 394,914 | -0.02% | 2.49% | 3.31% | 3.41% |
| | Persons | 566,077 | 560,618 | 572,206 | 589,221 | 607,823 | -0.96% | 2.07% | 2.97% | 3.16% |

*(1) The population figures are as at March 31, calculated in July.*

*(2) Persons covered under the Seniors, Alberta Widows' Pension, or Palliative Care coverage categories receive premium-free coverage.*

## Table 4.2
## Non-Group Supplementary Coverage:
## Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2010, 2011, 2012, 2013 and 2014 (1) (2) (3)

| **Registration Status** | | Total | | | | | Regular Premium | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| One Person | Registrations | 188,779 | 188,856 | 193,005 | 198,983 | 205,631 | 21,726 | 19,404 | 18,570 | 18,430 | 18,239 |
| | Persons | 188,779 | 188,856 | 193,005 | 198,983 | 205,631 | 21,726 | 19,404 | 18,570 | 18,430 | 18,239 |
| Two Persons | Registrations | 153,518 | 155,899 | 161,776 | 168,604 | 175,275 | 18,178 | 16,337 | 15,444 | 14,718 | 14,021 |
| | Persons | 307,036 | 311,798 | 323,552 | 337,208 | 350,550 | 36,356 | 32,674 | 30,888 | 29,436 | 28,042 |
| Three or More Persons | Registrations | 18,450 | 15,909 | 14,868 | 14,300 | 14,008 | 11,919 | 9,943 | 9,139 | 8,756 | 8,405 |
| | Persons | 70,262 | 59,964 | 55,649 | 53,030 | 51,642 | 46,211 | 38,522 | 35,435 | 33,900 | 32,534 |
| **Total** | Registrations | 360,747 | 360,664 | 369,649 | 381,887 | 394,914 | 51,823 | 45,684 | 43,153 | 41,904 | 40,665 |
| | Persons | 566,077 | 560,618 | 572,206 | 589,221 | 607,823 | 104,293 | 90,600 | 84,893 | 81,766 | 78,815 |

*Note: As at March 31, 2014, 1,376 people were covered by the Palliative Care Drug Program. Of these, 426 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.*

*(1) The population figures are as at March 31, calculated in July.*

*(2) The report reflects a discrete count of people receiving Non-Group supplementary coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors, purchased Non-Group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.*

# Table 4.2
# Non-Group Supplementary Coverage:
## Number of Registrations and Persons Covered by Coverage Category and Level of Premium Payment as at March 31, 2010, 2011, 2012, 2013 and 2014 (1) (2) (3)

| Registration Status | | Subsidized Premium | | | | | Seniors | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| One Person | Registrations | 7,286 | 5,762 | 4,810 | 3,935 | 3,378 | 159,361 | 163,426 | 169,464 | 176,550 | 184,005 |
| | Persons | 7,286 | 5,762 | 4,810 | 3,935 | 3,378 | 159,361 | 163,426 | 169,464 | 176,550 | 184,005 |
| Two Persons | Registrations | 2,804 | 2,168 | 1,685 | 1,269 | 974 | 132,526 | 137,387 | 144,645 | 152,617 | 160,280 |
| | Persons | 5,608 | 4,336 | 3,370 | 2,538 | 1,948 | 265,052 | 274,774 | 289,290 | 305,234 | 320,560 |
| Three or More Persons | Registrations | 2,701 | 1,920 | 1,425 | 1,059 | 810 | 3,827 | 4,045 | 4,303 | 4,485 | 4,793 |
| | Persons | 11,357 | 8,047 | 5,958 | 4,368 | 3,354 | 12,685 | 13,392 | 14,250 | 14,762 | 15,754 |
| **Total** | Registrations | 12,791 | 9,850 | 7,920 | 6,263 | 5,162 | 295,714 | 304,858 | 318,412 | 333,652 | 349,078 |
| | Persons | 24,251 | 18,145 | 14,138 | 10,841 | 8,680 | 437,098 | 451,592 | 473,004 | 496,546 | 520,319 |

| Registration Status | | Alberta Widows' Pension | | | | |
|---|---|---|---|---|---|---|
| | | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| One Person | Registrations | 406 | 264 | 161 | 68 | 9 |
| | Persons | 406 | 264 | 161 | 68 | 9 |
| Two Persons | Registrations | 10 | 7 | 2 | | |
| | Persons | 20 | 14 | 4 | | |
| Three or More Persons | Registrations | 3 | 1 | 1 | | |
| | Persons | 9 | 3 | 6 | | |
| **Total** | Registrations | 419 | 272 | 164 | 68 | 9 |
| | Persons | 435 | 281 | 171 | 68 | 9 |

*Note: As at March 31, 2014, 1,376 people were covered by the Palliative Care Drug Program. Of these, 426 are not included in this table as they were covered only under the Palliative Care Drug Program and had no other Non-Group supplementary coverage.*

*(1) The population figures are as at March 31, calculated in July.*

*(2) The report reflects a discrete count of people receiving Non-Group supplementary coverage. The table excludes people on the Palliative Care Drug Program as those under the program who were seniors, purchased Non-Group coverage or received the Alberta Widows' Pension are accounted for under these coverage categories.*

*(3) A blank cell represents a zero value.*

## Table 4.3
## Non-Group Supplementary Coverage:
## Persons Covered by Age and Gender as at March 31, 2010, 2011, 2012, 2013 and 2014 (1)

| Age Group | Total | | | | | Percentage Change Total | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 1 | 733 | 498 | 451 | 451 | 400 | (32.06) | (9.44) | 0.00 | (11.31) |
| 1 - 4 | 3,511 | 2,674 | 2,337 | 2,162 | 2,112 | (23.84) | (12.60) | (7.49) | (2.31) |
| 5 - 14 | 13,589 | 10,994 | 9,932 | 9,395 | 9,095 | (19.10) | (9.66) | (5.41) | (3.19) |
| 15 - 24 | 20,618 | 17,400 | 16,094 | 15,112 | 14,515 | (15.61) | (7.51) | (6.10) | (3.95) |
| 25 - 44 | 22,770 | 18,139 | 16,630 | 15,797 | 15,433 | (20.34) | (8.32) | (5.01) | (2.30) |
| 45 - 64 | 113,469 | 106,916 | 103,522 | 101,390 | 100,144 | (5.78) | (3.17) | (2.06) | (1.23) |
| 65 - 74 | 209,063 | 216,371 | 230,307 | 245,933 | 260,748 | 3.50 | 6.44 | 6.78 | 6.02 |
| 75 & Older | 182,324 | 187,626 | 192,933 | 198,981 | 205,376 | 2.91 | 2.83 | 3.13 | 3.21 |
| **Total** | 566,077 | 560,618 | 572,206 | 589,221 | 607,823 | -0.96% | 2.07% | 2.97% | 3.16% |

| Age Group | Male | | | | | Percentage Change Male | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 1 | 379 | 261 | 227 | 234 | 205 | (31.13) | (13.03) | 3.08 | (12.39) |
| 1 - 4 | 1,758 | 1,338 | 1,193 | 1,108 | 1,076 | (23.89) | (10.84) | (7.12) | (2.89) |
| 5 - 14 | 6,855 | 5,499 | 4,950 | 4,712 | 4,584 | (19.78) | (9.98) | (4.81) | (2.72) |
| 15 - 24 | 10,463 | 8,821 | 8,167 | 7,635 | 7,279 | (15.69) | (7.41) | (6.51) | (4.66) |
| 25 - 44 | 10,150 | 8,200 | 7,596 | 7,214 | 7,088 | (19.21) | (7.37) | (5.03) | (1.75) |
| 45 - 64 | 39,948 | 36,480 | 34,583 | 33,121 | 32,125 | (8.68) | (5.20) | (4.23) | (3.01) |
| 65 - 74 | 101,248 | 104,881 | 111,616 | 119,488 | 126,640 | 3.59 | 6.42 | 7.05 | 5.99 |
| 75 & Older | 75,828 | 78,488 | 81,254 | 84,261 | 87,497 | 3.51 | 3.52 | 3.70 | 3.84 |
| **Total** | 246,629 | 243,968 | 249,586 | 257,773 | 266,494 | -1.08% | 2.30% | 3.28% | 3.38% |

| Age Group | Female | | | | | Percentage Change Female | | | |
|---|---|---|---|---|---|---|---|---|---|
| | 2009/2010 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 | 2010/2011 | 2011/2012 | 2012/2013 | 2013/2014 |
| Under 1 | 354 | 237 | 224 | 217 | 195 | (33.05) | (5.49) | (3.13) | (10.14) |
| 1 - 4 | 1,753 | 1,336 | 1,144 | 1,054 | 1,036 | (23.79) | (14.37) | (7.87) | (1.71) |
| 5 - 14 | 6,734 | 5,495 | 4,982 | 4,683 | 4,511 | (18.40) | (9.34) | (6.00) | (3.67) |
| 15 - 24 | 10,155 | 8,579 | 7,927 | 7,477 | 7,236 | (15.52) | (7.60) | (5.68) | (3.22) |
| 25 - 44 | 12,620 | 9,939 | 9,034 | 8,583 | 8,345 | (21.24) | (9.11) | (4.99) | (2.77) |
| 45 - 64 | 73,521 | 70,436 | 68,939 | 68,269 | 68,019 | (4.20) | (2.13) | (0.97) | (0.37) |
| 65 - 74 | 107,815 | 111,490 | 118,691 | 126,445 | 134,108 | 3.41 | 6.46 | 6.53 | 6.06 |
| 75 & Older | 106,496 | 109,138 | 111,679 | 114,720 | 117,879 | 2.48 | 2.33 | 2.72 | 2.75 |
| **Total** | 319,448 | 316,650 | 322,620 | 331,448 | 341,329 | -0.88% | 1.89% | 2.74% | 2.98% |

*(1) The population figures are as at March 31, calculated in July.*

## Table 4.4
## Non-Group Supplementary Coverage: Number of Discrete Recipients and Net Payment by Coverage Category, Level of Premium Payment and Type of Service for the Year Ending March 31, 2014 [1]

| Coverage Category and Type of Service | Discrete Recipients | Net Payment [2] | Net Payment per Recipient |
|---|---|---|---|
| Regular Premium | | | |
| Ambulance | 2,340 | $611,707 | $261 |
| Drugs | 72,976 | 170,099,095 | 2,331 |
| Hospital Accommodation | 231 | 34,804 | 151 |
| Chiropractor | | | |
| Other (3) | 579 | 88,643 | 153 |
| Subtotal | 73,208 | $170,834,249 | $2,334 |
| Subsidized Premium | | | |
| Ambulance | 334 | $95,207 | $285 |
| Drugs | 7,916 | 15,021,690 | 1,898 |
| Hospital Accommodation | 17 | 2,312 | 136 |
| Chiropractor | | | |
| Other | 55 | 8,609 | 157 |
| Subtotal | 7,944 | $15,127,818 | $1,904 |
| Seniors | | | |
| Ambulance | 60,663 | $24,747,055 | $408 |
| Drugs | 454,878 | 524,173,930 | 1,152 |
| Hospital Accommodation | | | |
| Chiropractor | 51,274 | 6,932,773 | 135 |
| Other | 1,365 | 211,986 | 155 |
| Subtotal | 461,088 | $556,065,744 | $1,206 |
| Alberta Widows' Pension | | | |
| Ambulance | <5 | $968 | $968 |
| Drugs | 49 | 36,102 | 737 |
| Hospital Accommodation | | | |
| Chiropractor | <5 | 190 | 63 |
| Other | | | |
| Subtotal | 51 | $37,260 | $731 |
| Palliative Care | | | |
| Ambulance | | | |
| Drugs | 802 | $1,646,623 | $2,053 |
| Hospital Accommodation | | | |
| Chiropractor | | | |
| Other | | | |
| Subtotal | 802 | $1,646,623 | $2,053 |
| Total | | | |
| Ambulance | 63,312 | $25,454,937 | $402 |
| Drugs | 532,321 | 710,977,440 | 1,336 |
| Hospital Accommodation | 248 | 37,116 | 150 |
| Chiropractor | 51,275 | 6,932,963 | 135 |
| Other | 1,995 | 309,238 | 155 |
| **Total** | 538,752 | $743,711,694 | $1,380 |

*(1) A blank cell represents a zero value.*

*(2) The sum of net payments may not match the sub-totals or totals, due to rounding.*

*(3) Other service includes clinical psychology, home nursing, prostheses and other orthotics, and mastectomy prostheses.*

## Table 4.5
## Non-Group Supplementary Coverage:
## Number of Drug Prescriptions and Net Payment by Prescription Type and Coverage Category for the Year Ending March 31, 2014 (1)

| Prescription Type and Coverage Category | Number of Prescriptions (2) | Net Payment (3) |
|---|---|---|
| Prescription Drugs (4) | | |
| Regular Premium | 1,475,113 | $164,070,541 |
| Subsidized Premium | 183,853 | 14,401,690 |
| Seniors | 13,553,880 | 495,683,251 |
| Alberta Widows' Pension | 475 | 36,088 |
| Palliative Care | 24,033 | 1,592,968 |
| Subtotal | 15,237,354 | $675,784,539 |
| Over-The-Counter (5) | | |
| Regular Premium | 79,414 | $6,032,434 |
| Subsidized Premium | 8,502 | 620,000 |
| Seniors | 509,864 | 28,499,677 |
| Alberta Widows' Pension | <5 | 14 |
| Palliative Care | 2,561 | 53,655 |
| Subtotal | 600,342 | $35,205,780 |
| Adjustments (6) | | |
| Regular Premium | <5 | ($3,881) |
| Subsidized Premium | | |
| Seniors | 6 | (8,999) |
| Alberta Widows' Pension | | |
| Palliative Care | | |
| Subtotal | 9 | ($12,879) |
| All Prescriptions | | |
| Regular Premium | 1,554,530 | $170,099,095 |
| Subsidized Premium | 192,355 | 15,021,690 |
| Seniors | 14,063,750 | 524,173,930 |
| Alberta Widows' Pension | 476 | 36,102 |
| Palliative Care | 26,594 | 1,646,623 |
| **Total** | 15,837,705 | $710,977,440 |

*(1) A blank cell represents a zero value.*

*(2) Number of prescriptions represents the number of transactions reported by Alberta Blue Cross.*

*(3) The sum of net payments may not match the sub-totals or totals, due to rounding.*

*(4) Refers to drugs available only with a prescription.*

*(5) Refers to an otherwise over-the-counter drug type which has been prescribed for these members.*

*(6) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.).*

## Table 4.6
## Number and Percentage Change of Licensed Community Pharmacies in Alberta as of March 31, 2010, 2011, 2012, 2013 and 2014 (1)

| Year | Number of Pharmacies | Percentage Change from the Prior Year |
|---|---|---|
| 2009/2010 | 969 | 2.00 |
| 2010/2011 | 990 | 2.17 |
| 2011/2012 | 1,015 | 2.53 |
| 2012/2013 | 1,036 | 2.07 |
| 2013/2014 | 1,089 | 5.12 |
| Annual Average Percentage Change for Last 5 Years | | 2.96 |

*(1) Data provided by the Alberta College of Pharmacists.*

## Table 4.7

## Non-Group Supplementary Coverage:

## Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2014 [1]

| Coverage Category | Drug Name | Strength | Major Uses | Number of Prescriptions [2] | Discrete Recipients | Net Payment |
|---|---|---|---|---|---|---|
| Regular and Subsidized Premium | | | | | | |
| | Remicade | 100 mg/vial | Rheumatoid Arthritis / Crohn's Disease | 11,562 | 1,472 | $38,295,787 |
| | Humira | 40 mg/0.8 ml syringe | Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis | 14,785 | 1,386 | 18,011,469 |
| | Copaxone | 20 mg/ml syringe | Multiple Sclerosis | 7,462 | 1,006 | 10,896,797 |
| | Enbrel | 50 mg/ml syringe | Rheumatoid Arthritis / Psoriatic Arthritis / Psoriasis | 7,284 | 698 | 9,390,189 |
| | Gilenya | 0.5 mg cap | Multiple Sclerosis | 1,851 | 185 | 3,298,605 |
| | Cerezyme | 400 units | Gaucher's Disease | 479 | 9 | 2,953,735 |
| | Avonex PS/PEN | 30 mcg/0.5 ml syringe | Multiple Sclerosis | 1,667 | 194 | 2,682,274 |
| | Incivek | 375 mg cap | Hepatitis C | 729 | 105 | 2,443,326 |
| | Stelara | 0.5 ml vial | Plaque Psoriasis | 837 | 167 | 2,319,913 |
| | Rebif | 0.5 ml syringe | Multiple Sclerosis | 1,149 | 155 | 2,225,952 |
| Seniors [3] | | | | | | |
| | Lucentis | 2.3 mg/vial | Neovascular (wet) Age Related Macular Degeneration | 31,694 | 5,846 | $58,665,506 |
| | Spiriva | 18 mcg inh cap | Chronic Obstructive Pulmonary Disease | 92,740 | 25,287 | 13,668,356 |
| | Enbrel | 50 mg/ml syringe | Rheumatoid Arthritis / Psoriatic Arthritis /Plaque Psoriasis | 6,079 | 536 | 8,990,591 |
| | Symbicort Turbuhaler | 200 mcg/6 mcg | Asthma | 64,979 | 20,817 | 8,868,202 |
| | Remicade | 100 mg/vial | Rheumatoid Arthritis / Crohn's Disease | 2,528 | 330 | 8,202,329 |
| | Humira | 40 mg/0.8 ml syringe | Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis | 5,460 | 483 | 7,855,481 |
| | Advair | 500 mcg/dose | Asthma/Chronic Obstructive Pulmonary Disease | 26,355 | 7,690 | 7,381,373 |
| | Ezetrol | 10 mg | Cholesterol Lowering Agent | 48,740 | 10,592 | 6,342,575 |
| | Blood Glucose Test Strips | N/A | Blood Glucose Monitoring | 74,666 | 16,859 | 5,805,143 |
| | Advair | 500 mcg/dose | Asthma/Chronic Obstructive Pulmonary Disease | 29,178 | 9,323 | 5,440,523 |

Continued...

*(1) The sums of the Net Payments may not match the All Groups totals, due to rounding.*

*(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.*

*(3) Seniors refers to the registration status of account holder or spouse/partner age 65 or older and their dependants.*

## Table 4.7

## Non-Group Supplementary Coverage:

## Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2014 (1)

| Coverage Category | Drug Name | Strength | Major Uses | Number of Prescriptions (2) | Discrete Recipients | Net Payment |
|---|---|---|---|---|---|---|
| Alberta Widows' Pension (4) | | | | | | |
| | Remicade | 100 mg/vial | Rheumatoid Arthritis / Crohn's Disease | 6 | <5 | $18,815 |
| | Advair | 250 mcg/dose | Asthma / Chronic Obstructive Pulmonary Disease | 5 | <5 | 1,976 |
| | Spiriva | 18 mcg inh cap | Chronic Obstructive Pulmonary Disease | 6 | <5 | 1,282 |
| | Celebrex | 200 mg | Osteoarthritis / Adult Rheumatoid Arthritis | 5 | <5 | 1,182 |
| | Advair | 500 mcg/dose | Obstructive Airways Diseases | <5 | <5 | 457 |
| | Detrol LA | 4 mg cap | Control Symptoms of Overactive Bladder | <5 | <5 | 394 |
| | Coversyl | 8 mg tap | High Blood Presure | <5 | <5 | 394 |
| | Fragmin | 0.2 ml syringe | Prevention of Blood Clots | <5 | <5 | 389 |
| | Apo-Pantoprazole | 40 mg/0.8 ml syringe | Ulcer Treatement | <5 | <5 | 383 |
| | Apo-Atorvastatin | 10 mg tab | Cholesterol Lowering Agent | 11 | <5 | 300 |
| Palliative Care | | | | | | |
| | Sandostatin Lar | 30 mg/vial | Rare Endocrine Tumor / Acromegaly / Diarrhea | 72 | 6 | $164,347 |
| | Sandostatin Lar | 20 mg/vial | Rare Endocrine Tumor / Acromegaly / Diarrhea | 60 | 7 | 138,118 |
| | Innohep | 0.7 ml syringe | Prevention / Treatment of Blood Clots | 129 | 29 | 69,023 |
| | Innohep | 0.9 ml syringe | Prevention / Treatment of Blood Clots | 109 | 22 | 68,857 |
| | Fragmin | 0.72 ml syringe | Prevention of Blood Clots | 78 | 13 | 65,605 |
| | Fetanyl Citrate | 0.05 mg/ml syringe | Analgesic | 533 | 121 | 50,934 |
| | Teva-Fentanyl | 100 mcg patch | Analgesic | 127 | 19 | 35,208 |
| | Innohep | 0.5 ml syringe | Prevention / Treatment of Blood Clots | 115 | 26 | 34,922 |
| | Fragmin | 0.6 ml syringe | Prevention of Blood Clots | 67 | 14 | 34,097 |
| | Metoclopramide Hydrochloride | 5 mg/ml | Nausea and Vomiting | 281 | 96 | 22,876 |

*(1) The sums of the Net Payments may not match the All Groups totals, due to rounding.*

*Continued...*

*(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.*

*(4) Alberta Widows' Pension refers to the registration status of account holders who belong to the Alberta Widows' Pension Program and their dependants.*

# Table 4.7
## Non-Group Supplementary Coverage:
## Ten Highest Prescription Drug Expenditures by Net Payment and Coverage Category for the Year Ending March 31, 2014 (1)

| Coverage Category | Drug Name | Strength | Major Uses | Number of Prescriptions (2) | Discrete Recipients | Net Payment |
|---|---|---|---|---|---|---|
| All Groups | | | | | | |
| | Lucentis | 2.3 mg/vial | Neovascular (wet) Age Related Macular Degeneration | 32,132 | 5,948 | $59,385,754 |
| | Remicade | 100 mg/vial | Rheumatoid Arthritis / Crohn's Disease | 14,096 | 1,803 | 46,516,930 |
| | Humira | 40 mg/0.8 ml syringe | Rheumatoid Arthritis / Psoriatic Arthritis / Plaque Psoriasis | 20,245 | 1,869 | 25,866,950 |
| | Enbrel | 50 mg/ml syringe | Rheumatoid Arthritis / Psoriasis Arthritis /Plaque Psoriasis | 13,363 | 1,234 | 18,380,780 |
| | Spiriva | 18 mcg inh cap | Chronic Obstructive Pulmonary Disease | 97,909 | 26,747 | 14,309,938 |
| | Copaxone | 20 mg/ml syringe | Multiple Sclerosis | 7,859 | 1,065 | 11,631,630 |
| | Symbicort Turbuhaler | 200 mcg/6 mcg | Asthma | 75,150 | 24,350 | 10,006,166 |
| | Advair | 500 mcg/dose | Asthma/Chronic Obstructive Pulmonary Disease | 29,453 | 8,590 | 8,080,870 |
| | Ezetrol | 10 mg | Cholesterol Lowering Agent | 54,413 | 11,970 | 7,061,570 |
| | Blood Glucose Test Strips | N/A | Blood Glucose Monitoring | 88,453 | 20,186 | 6,839,852 |

*(1) The sums of the Net Payments may not match the All Groups totals, due to rounding.*

*(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.*

## Table 4.8
## Non-Group Supplementary Coverage: Cost of Prescription by Broad Drug Category for the Year Ending March 31, 2014

| **Broad Drug Category** | **Number of Prescriptions** (1) | **Net Payment** | **Co-Payment** (2) | **Coordination of Benefits** (3) | **Average Gross Cost per Prescription** (4) |
|---|---:|---:|---:|---:|---:|
| Antihistamines | 2,201 | $96,160 | $15,056 | $1,112 | $51.03 |
| Antineoplastic Agents | 44,648 | 3,901,166 | 599,939 | 119,998 | 103.50 |
| Antitussives, Expectorants, Mucolytics | 22,077 | 2,082,185 | 305,951 | 69,904 | 111.34 |
| Anti-Infective Agents | 743,943 | 28,189,376 | 5,582,661 | 1,355,038 | 47.22 |
| Autonomic Drugs | 629,089 | 60,334,551 | 9,027,015 | 681,932 | 111.34 |
| Blood Formation and Coagulation | 569,003 | $41,273,416 | $5,066,336 | $666,592 | $82.61 |
| Cardiovascular Drugs | 4,997,107 | 119,015,309 | 44,301,377 | 1,198,719 | 32.92 |
| Central Nervous System Drugs | 3,321,124 | 94,498,524 | 26,976,370 | 2,183,963 | 37.23 |
| Compound Drugs | | | | | |
| Devices (5) | 6,337 | 122,423 | 52,917 | 1,383 | 27.89 |
| Dental Agents | 21 | 337 | 144 | | 22.93 |
| Diabetic Supplies (6) | 170,759 | 9,526,245 | 438,661 | 287,196 | 60.04 |
| Diagnostic Agents | | | | | |
| Electrolytic, Caloric, Water Balance | 565,813 | $6,134,712 | $2,489,674 | $61,246 | $15.35 |
| Enzymes | 609 | 3,920,230 | 5,250 | 80 | 6,445.91 |
| Eye, Ear, Nose and Throat Preparations | 408,754 | 69,030,974 | 4,256,349 | 118,343 | 179.58 |
| Gastrointestinal Drugs | 1,087,026 | 37,780,096 | 11,904,670 | 710,063 | 46.36 |
| Gold Compounds | 626 | 57,835 | 8,771 | 1,569 | 108.91 |
| Heavy Metal Antagonists | 1,230 | $1,740,196 | $21,673 | $38,685 | $1,463.86 |
| Hormones & Synthetic Substitutes | 1,974,951 | 59,477,861 | 16,051,918 | 1,149,299 | 38.83 |
| Local Anaesthetics | 120 | 9,613 | 372 | | 83.21 |
| Out of Country & Special Access | 1,779 | 51,140 | 12,302 | 2,055 | 36.82 |
| Serums, Toxoids, and Vaccines | 2,523 | 173,275 | 31,716 | 2,526 | 82.25 |
| Skin & Mucous Membrane Preparations | 351,028 | $7,144,111 | $2,678,451 | $159,133 | $28.44 |
| Smooth Muscle Relaxants | 85,991 | 4,369,525 | 952,261 | 51,424 | 62.49 |
| Unclassified Therapeutic Agents | 745,878 | 160,909,235 | 7,599,458 | 13,657,380 | 244.23 |
| Undetermined (7) | 9 | (12,879) | | | |
| Vitamins | 105,059 | 1,151,826 | 407,521 | 23,401 | 15.07 |
| **Total** (8) | 15,837,705 | $710,977,440 | $138,786,815 | $22,541,042 | $55.08 |

*(1) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.*

*(2) Co-Payment represents the portion of the prescription cost the recipient pays when a prescription is filled.*

*(3) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.*

*(4) Gross Cost = Net Payment + Co-Payment + Coordination of Benefits.*

*(5) Only those devices used with prescription drugs.*

*(6) Diabetic Supplies are used for insulin treated diabetic patients.*

*(7) Negative payments represent adjustments and/or reversals of claim payments.*

*(8) The sums of the columns may not match the totals due to rounding.*

## Table 4.9

## Non-Group Supplementary Coverage: Number of Prescriptions and Prescription Cost Components by Coverage Category (Direct Bill Claims Only) for the Year Ending March 31, 2014 [1]

| Coverage Category | Number of Prescriptions [2] | Drug Material Cost [A] | Dispensing Fee [3] [B] | Additional Inventory Allowance [4] [C] | Adjustments [5] [D] | Gross Cost [6] [E] | Co-Payment [7] [F] | Coordination of Benefits [8] [G] | Net Payment [9] [H] |
|---|---|---|---|---|---|---|---|---|---|
| Regular and Subsidized Premiums | 1,728,731 | $196,422,160 | $20,081,434 | $2,417,570 | ($6,446) | $218,914,719 | $17,379,129 | $18,023,123 | $183,512,467 |
| Seniors | 14,021,270 | 489,438,482 | 136,347,404 | 20,653,969 | (10,616) | 646,429,239 | 120,508,866 | 3,473,740 | 522,446,634 |
| Alberta Widows' Pension | 475 | 35,733 | 4,703 | 711 | | 41,146 | 5,082 | 13 | 36,052 |
| Palliative Care | 26,071 | 1,565,156 | 353,148 | 29,311 | | 1,947,616 | 174,096 | 164,648 | 1,608,872 |
| Average Cost per Prescription | | 43.57 | 9.94 | 1.46 | | 54.98 | 8.75 | 1.37 | 44.85 |
| **Total** [10] | 15,776,547 | $687,461,532 | $156,786,689 | $23,101,561 | ($17,062) | $867,332,720 | $138,067,172 | $21,661,524 | $707,604,024 |

*(1) A direct bill claim is submitted for payment directly to Alberta Blue Cross by the pharmacy.*

*(2) Number of Prescriptions represents the number of transactions reported by Alberta Blue Cross.*

*(3) The Dispensing Fee is the portion of the overall prescription cost that covers pharmacists' professional services and business overhead.*

*(4) Additional Inventory Allowance is an additional fee paid to pharmacies to compensate for a portion of their inventory management.*

*(5) Adjustments refer to retroactive transactions (e.g. coverage effective dates and cancellations, refunds, etc.)*

*(6) Gross Cost [E] = [A] + [B] + [C] + [D]*

*(7) Co-Payment represents the portion of the prescription cost the recipient pays when the prescription is filled.*

*(8) Coordination of Benefits represents amounts paid by other supplementary health plans. Coordination of Benefits would apply in situations where a person submits a claim to more than one supplementary health plan.*

*(9) Net Payment [H] = [E] - [F] - [G]*

*(10) The sums of the columns may not match the totals due to rounding.*

# Glossary/Definitions

**Alberta Health Care Insurance Plan (AHCIP)**
A non-profit, publicly funded plan administered and operated by Alberta Health under the *Alberta Health Care Insurance Act* and its regulations. The AHCIP pays for insured physician and dentists/dental specialist/oral surgical services and some services provided by optometrists and podiatrists to eligible residents of Alberta.

**Allied Health Services**
Services provided by dentists/dental specialists/oral surgeons, optometrists and podiatrists, and funded by the AHCIP. Some fees for allied health services may exceed the coverage provided by the AHCIP in which case the individual patient is responsible for the difference.

**Alternative Relationship Plan**
A plan that provides physicians with an alternative to the traditional fee-for-service payment method and provides physicians with flexibility in the way they provide care. An Alternative Relationship Plan enables a team-based approach and promotes improved access to care, patient satisfaction and the recruitment/retention of physicians.

**Basic Health Services**
Insured services provided by physicians and dentists/dental specialists/oral surgeons as well as a number of services provided by optometrists and podiatrists.

**Blank Cell**
Represents a zero value.

**Bracketed Data**
Bracketed data ( ) indicates negative figures.

**Clinical Stabilization Initiative**
Established in the 2006 *Amending Agreement to the Tri-Lateral Master Agreement* and includes: the Rural Remote Northern Program; the Business Cost Program; and the Communities in Crisis Program. The purpose of the Rural Remote Northern Program is to improve physician recruitment and retention in underserviced areas by providing physician incentive programs. The Business Cost Program is intended to help physicians with the rising costs associated with running community offices by paying a flat bonus on top of each office-based or consultative service provided by all physicians in any community in Alberta. The Communities in Crisis Program addresses the challenges of recruiting physicians to live and practise in communities in crisis. The Tri-Lateral Master Agreement expired March 31, 2011, resulting in these programs being reported separately.

**Discrete Count**
The discrete items are only counted once.

**Discrete Patients**
The number of individuals registered with the AHCIP who received at least one basic health service paid on a fee-for-service basis by the AHCIP. Discrete patients are only counted once. Individuals who are registered with the AHCIP but did not receive any services in the current year are not included in the discrete fee-for-service patient count, but are included in the registration data. Unless otherwise noted, the data in the Statistical Supplement are based on the number of discrete patients.

**Discrete Service Providers**
The number of practitioners who provided at least one service payable under the AHCIP. Discrete service providers are only counted once.

**Double Dash (--)**
Represents a non-zero value; actual value was too small to be shown.

**FP**
Family Physician.

**FTE**
Full-time equivalent.

**Fee-for-Service**
A standard business model in which services are unbundled and paid for separately. In the health insurance and health care industry, fee-for-service refers to practitioner payments for individual services such as office visits, procedures or other health services.

**Fiscal Year**
April 1 of one year to March 31 of the following year.

**GP**
General Practitioner.

**Health Zones**
Alberta is divided into five continuum zones for the ease of management of the delivery of health care services by Alberta Health Services.

**Insured Services**
Physician and dentists/dental specialist/oral surgeon services as defined by the *Canada Health Act* and the *Alberta Health Care Insurance Act*.

**Medical Assessments**
Primarily office visits and consultations.

**Medical Services**
Services provided by a physician.

**N/A**
Not available.

**n.a.**
Not applicable.

**Net Payment**
The total amount paid by Alberta Health through Non-Group Supplementary plans.

**Nil**
No change.

**Non-Group Supplementary Plans**
Supplementary health services coverage administered by Alberta Blue Cross on behalf of Alberta Health for prescription drugs and selected health services.

**Number of Services**
Some health services listed in the schedules of benefits are paid based on time units. Where applicable, the number of services reported in the tables is the number of time units paid.

**Practitioner**
Licensed health care provider who is registered with the AHCIP and provides basic health services.

**Practitioner Payments**
Gross fee-for-service practitioner payments made by the AHCIP for basic health services. Represents neither the total income nor the net income of a practitioner. Unless otherwise stated, payment data are reported on a date-of-service basis and include only fee-for-service payments to Alberta practitioners for services provided to Alberta residents.

**Primary Care Network**
A network of family physicians that uses a team approach with other health care professionals to coordinate primary care for their patients. A Primary Care Network receives program funding in addition to fee-for-service.

**Recipient Location**
The health zone where the person who received the health service lived at the time of service based on AHCIP registration data.

**Registration**
The number of single and family accounts registered with the AHCIP; one person (as in single coverage) or two or more people (as in family coverage).

**Registered/Insured Persons**
Alberta residents insured under a program and therefore entitled to receive benefits.

**Schedules of Benefits**
Schedules of practitioner services and fee-for-service rates paid by the AHCIP. Includes the general rules, procedure list, fee modifier definitions, price list and explanatory codes. The Statistical Supplement includes data for five distinct benefits schedules (medical, oral and maxillofacial surgery, optometry, podiatric surgery and podiatry).

**Service Location**
The health zone where a health service was provided.

# Year at a Glance

| | 2012/2013 | 2013/2014 |
|---|---|---|
| Total Albertans covered under the Alberta Health Care Insurance Plan | 4,068,062 | 4,228,125 |
| Non-Seniors | 3,571,516 | 3,707,806 |
| Seniors | 496,546 | 520,319 |
| Amount paid to Alberta practitioners (fee-for-service) | $2,648,560,351 | $2,848,867,477 |
| Physicians | $2,584,944,346 | $2,778,382,882 |
| Allied Health Practitioners | $63,616,005 | $70,484,596 |
| Average annual fee-for-service payment | | |
| All Physicians (except Pathology) | $349,696 | $358,261 |
| All Specialists (except General/Family Physicians and Pathology) | $443,711 | $459,138 |
| General/Family Physicians | $274,778 | $277,221 |
| Number of practitioners who submitted fee-for-service claims | 8,268 | 8,657 |
| Physicians (including General Practitioners) (1) | 7,381 | 7,743 |
| General Practitioners | 4,101 | 4,287 |
| Dentists/Dental Specialists/Oral Surgeons | 224 | 218 |
| Optometrists | 599 | 629 |
| Podiatrists | 64 | 67 |
| Number of physicians by gross payment range (fee-for-service) (2) | | |
| Less than $500,000 | 5,856 | 6,087 |
| More than $500,000 | 1,525 | 1,656 |
| More than $1 million | 299 | 339 |
| More than $2 million | 54 | 65 |
| Alternative Relationship Plans | | |
| Total Expenditures | $286,282,615 | $305,805,558 |
| Total Alternative Relationship Plans | 57 | 56 |
| Total Physicians (1) | 1,875 | 1,906 |
| Primary Care Networks | | |
| Total Payments | $182,577,693 | $193,788,828 |
| Total Primary Care Networks | 40 | 41 |
| Total Physicians (1) | 2,995 | 3,289 |
| Total Patients Enrolled | 2,993,282 | 3,170,243 |
| Allied health services provided (fee-for-service) | | |
| Total Number of Services Provided | 1,165,174 | 1,253,175 |
| Average Number of Services per Practitioner | 1,314 | 1,371 |

(1) *Fee-for-service, alternative relationship plan and primary care network total physicians cannot be added together to obtain a total physician count as alternative relationship plan and primary care network physicians may or may not already be included in the fee-for- service physician count.*

(2) *These statistics cannot be used as an accurate measure of a practitioner's personal income, because they do not depict other sources of income and the figures quoted are payments from which practitioners pay business expenses, such as office and staff expenses.*

| | 2012/2013 | 2013/2014 |
|---|---|---|
| Percentage of payments to physicians for patients who received services within the zone they reside in | | |
| South Zone | 83.89% | 83.75% |
| Calgary Zone | 96.88% | 96.62% |
| Central Zone | 69.27% | 69.11% |
| Edmonton Zone | 97.00% | 96.94% |
| North Zone | 65.31% | 65.04% |
| Unknown Zone | 3.19% | 4.10% |
| Amount spent on Non-Group Supplementary coverage | $729,152,633 | $743,711,694 |
| Non-seniors | $170,551,210 | $185,962,067 |
| Seniors | $556,849,337 | $556,065,744 |
| Alberta Widows' Pension | $99,043 | $37,260 |
| Palliative Care | $1,653,043 | $1,646,623 |
| Number of community-based pharmacies in Alberta | 1,036 | 1,089 |